1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Hocklander

12402 **CERTIFICATE OF DEATH** 12380

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Hagerstown

LENGTH OF STAY (In this place) 3 Weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03

STREET ADDRESS (If rural give location) 111½ West Franklin St.

**3. NAME OF DECEASED** (Type or Print) (First) HARRY (Middle) HILTON (Last) ALLEN

**4. DATE OF DEATH** (Month) December (Day) 14 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | Married | September 7 1916 | 39 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Service Mechanic | | Hagerstown Md. | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William Robert Allen | Marguerite Weaver |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| NO | | 212-14-6659 | Mrs Janice Allen |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

463 × IMMEDIATE CAUSE (A) Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 2 hours.

ANTECEDENT CAUSE(S) DUE TO (B) Thromb. phlebitis rt leg. — 1 wk.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 12/3/55 | Hiatus hernia | YES ☒ NO ☐ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from 12/1, 19 55, to 12/14, 19 55, that I last saw the deceased alive on 12/13, 19 55, and that death occurred at 2:55 A.M., from the causes and on the date stated above.

| SIGNATURE | M.D. | ADDRESS (Street, city, town, state) | DATE SIGNED |
|---|---|---|---|
| E Woodland | H Agentum | Md | 12/14/55 |

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/17/55 | Rose Hill Cemetery | Hagerstown Wash. Co Md |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| DATE Dec. 17, 1955 | Chast. Boovers | Andrew K. Coffman | Hagerstown Md. |

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**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

12464

# CERTIFICATE OF DEATH

12381

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Rural Hagerstown

LENGTH OF STAY (In this place): 2½ months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Brook Lane Farm Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 12, Maryland 3R01-4

STREET ADDRESS (If rural give location): 1504 Gleneagle Road

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Giltz | C. | Bauer | Dec. | 5 | 1955 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| M. | White | Married | Nov. 11, 1887 | 68 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired Agent | Insurance Co. | Baltimore Co., Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| George K. Bauer | Margaret Giltz |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| no | 216-10-3576 | Mrs. Marie Bauer, 1504 Gleneagle Rd. Baltimore 12, Md. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 490X IMMEDIATE CAUSE (A) | Lobar Pneumonia | Two days |
| ANTECEDENT CAUSE(S) DUE TO (B) | General physical debility | Five mos. |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) | | |

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒ |
|---|---|---|
| 0 | | |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| M. | | |

**22. I hereby certify** that I attended the deceased from Sept. 13, 1955, to present, 19....., that I last saw the deceased alive on Nov. 29, 1955, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE: Helmut Fraser M.D. — ADDRESS (Street, city, town, state): 1308 Eutaw Place, Baltimore 17, Md. — DATE SIGNED: 12/5/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/8/55 | Western Cem. | Balto., Md. |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| DEC 6 1955 | Chas. H. Bowers | Wm. J. Dickener & Sons - Balto 17, Md |

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**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12465

# CERTIFICATE OF DEATH

12382

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Hagerstown

LENGTH OF STAY (In this place) 2 years 9 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Gateway Conv. Home

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03

STREET ADDRESS (If rural give location) 915 Hamilton Blvd. 1

**3. NAME OF DECEASED** (Type or Print) (First) SUSAN (Middle) ALICE (Last) BECK

**4. DATE OF DEATH** (Month) December (Day) 8 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widowed | July 12, 1864 | 91 yrs. | 4 | 26 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Hagerstown, Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Granville Wilson | Anna Norton |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| 4 | none | William G. Beck Hagerstown, Maryland |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE (A) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yr

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 0 | | YES ☐ NO ☑ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from February 20 19 55, to Dec 8, 19 55, that I last saw the deceased alive on Dec 3, 19 55, and that death occurred at 8:30 P.M., from the causes and on the date stated above. 12/9/55

SIGNATURE Robert V. Campbell M.D. — ADDRESS (Street, city, town, state) 145 W Washington St Hagerstown Md — DATE SIGNED

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/11/1955 | Rose Hill Cemetery | Hagerstown, Maryland |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| DATE Dec. 10, 1955 | Edward Bowers | C. M. Suter & Sons Hagerstown, Maryland |

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

12383

# 12403 CERTIFICATE OF DEATH

Reg. Dist. No. 302

**1. PLACE OF DEATH**
COUNTY: WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HAGERSTOWN
LENGTH OF STAY (In this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 434 S.POTOMAC ST.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: MARYLAND COUNTY: WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HAGERSTOWN
STREET ADDRESS (If rural give location): 434 S. POTOMAC ST.

**3. NAME OF DECEASED** (Type or Print): (First) HALLIE (Middle) VIVIAN (Last) BESTER

**4. DATE OF DEATH** (Month) DEC. (Day) 25 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| FEMALE | WHITE | WIDOWED | 3/14/1882 | 73 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| HOUSEWIFE | HOME | MARYLAND | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| THOMPSON SEIGMAN | ANNIE BENNER |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| NO | NONE | MRS. CATHERINE HEFELFINFER HAGERSTOWN MD. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 422.1 IMMEDIATE CAUSE (A) | | |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) | arterio sclerotic myocardial heart disease | 5yrs |
| DUE TO (C) | with myocardial failure grade Iv | 2yrs |

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 0 | | YES ☐ NO ☑ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | none | --- |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| none M. | | --- |

**22. I hereby certify** that I attended the deceased from Oct. 19 49, to Dec. 25, 19 55, that I last saw the deceased alive on Dec. 24, 19 55, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

SIGNATURE: S. Robert Wells M.D. ADDRESS (Street, city, town, state): 115 N. Potomac St. Hagerstown, Md. DATE SIGNED: 12-27-55

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | 12/28/55 | ROSE HILL CEM. | HAGERSTOWN MD. |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| DATE Dec. 29.1955 | Ethel H. Bowers | W. J. Norment, Hagerstown, Md |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12384

12404 CERTIFICATE OF DEATH Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 813 Mulberry Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Corinna Lee Bew

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 16 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed
8. DATE OF BIRTH: March 6, 1868
9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gloucester Co., Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Pearce
14. MOTHER'S MAIDEN NAME: Mary Groom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Raymond Bew, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X
IMMEDIATE CAUSE (A) Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO (B) Sciatica — 10 yrs
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1955, to 12-16, 1955, that I last saw the deceased alive on Dec 13, 1955, and that death occurred at 2 P M, from the causes and on the date stated above.
SIGNATURE M.D. ADDRESS DATE SIGNED 12-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 12-19-55
NAME OF CEMETERY OR CREMATORY Oakwood Cemetery
LOCATION (City, town, or county) (State) Richmond, Va.

DATE REC'D BY LOCAL REGISTRAR DEC 18 1955
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12405

# CERTIFICATE OF DEATH

12385 Dr Kneisley

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (in this place) 5 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 130 So Prospect St

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

STREET ADDRESS (If rural give location) 130 So. Prospect St

**3. NAME OF DECEASED** (Type or Print) (First) BERTHA (Middle) BETTIE (Last) DEVERS

**4. DATE OF DEATH** (Month) Dec (Day) 29 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Single | Oct 29 1888 | 67 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or Foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Secty- Treas | Dittman Lumber Co | Hagerstown Md. | U S |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| George Bowers | Margaret Downin |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| No | ——— | 213-54-[illegible] | Mrs Delva Doub |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute suppurative cholangitis — INTERVAL BETWEEN ONSET AND DEATH: 4 wks.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Chronic cholecystitis with cholelithiasis — 5 mo.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Moderate portal cirrhosis — 5 mo.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| July, 1955 | Chronic cholecystitis with cholelithiasis; portal cirrhosis | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from Nov. 18, 19 55, to Dec. 29, 19 55, that I last saw the deceased alive on Dec. 29, 19 55, and that death occurred at 5:15P M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS (Street, city, town, state) 148 W. Washington St. Hagerstown, Md. DATE SIGNED Dec. 30, 1955

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 1/1/56 | Rose Hill Cemetery | Hagerstown Wash. Co. Md. |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| Jan. 3 1956 | [signature] | Andrew K. Coffman Hagerstown Md. |

MARYLAND STATE DEPARTMENT OF HEALTH

12386

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

12466

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

MAINLY WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY Berkley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Martinsburg
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) - (Last) Bowman
4. DATE OF DEATH: (Month) (Day) (Year) Dec. 11 '55 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1944
9. AGE last birthday: 11 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Martinsburg, W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Warren C. Bowman
14. MOTHER'S MAIDEN NAME: Helen V. Hess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. -
17. INFORMANT AND ADDRESS: Walter Hess- R# 1 Martinsburg, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull - closed — 5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) fractured rt. femur hemorrhage & shock
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? Yes ☐ No ☒

21. WAS INJURY (Violence) PRIMARY OR CONTRIBUTING CAUSE OF DEATH? X
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway
(CITY OR TOWN) Hagerstown (COUNTY) Rural- Wash (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 11 '55 7:10PM
INJURY OCCURRED While at work / Not while at work X
HOW DID INJURY OCCUR? Auto- Truck Collison

22. I attended the deceased from ... to ... I last saw the deceased alive on ... Autopsy ... Inspection X Inquiry ... thereon and from the evidence ... Autopsy, I ... that ... deceased died on the day stated above, and death in my opinion resulted ... cause ... as checked X ... undetermined.

SIGNATURE: S. Robinson Wells M.D. (DEPOSE BRIDGE WASH.)
ADDRESS: 115 N. Potomac St- Hagerstown Md
DATE SIGNED: 12-13-55

DISPOSITION (Burial, Cremation, Removal, Donation): Burial
DATE: 12-15-55
PLACE OR FIRM: Butlers Chapel
LOCATION (City, town, or county) (State): Martinsburg R.T. 1 W. Va

DATE RECD BY LOCAL REGISTRAR: Dec. 12, 1955
REGISTRAR'S SIGNATURE: Chas. H. Bowers
23. FUNERAL DIRECTOR: Scott F. Minnich & Son Hag. Md.
ADDRESS

12387

MARYLAND STATE DEPARTMENT OF HEALTH

12467

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR X TOWN Rural-Hagerstown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va — COUNTY Berkley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinsburg, - Rural
STREET ADDRESS (If rural, give location) R. # 1

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|---|
| | Chester | - | Bowman | Dec. 11 1955 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | Single | Mar. 5,1942 | 13 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| Student | School | Martinsburg, W. Va | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Warren C. Bowman | Helen V. Hess |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | - | Walter Hess- Martinsburg, R # 1 W. Va. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Fractured Skull | 5 min |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | Multiple fractures ribs, hemorrhage and shock | |
| (c) | | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| none | -- | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Highway | Rural - Hagerstown, | Wash. | Md. |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|
| Dec. 11 '55 7:10PM | | Auto- Truck Collison |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. Robert Wells Jr. (Degree or title) M.D. ADDRESS 115 N. Potomac Street Hagerstown, Md. DATE SIGNED 12-13-55

DEPUTY CORONER WASH. CO.

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12-15-55 | Butler's Chapel | Martinsburg, R # 1 W. Va. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec. 12, 1955 | Thaddeus Stewart | Scott F. Minnick & Son | Hagerstown, Md. |

12388

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

12468

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hagerstown, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: W. Va — COUNTY: Berkley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Martinsburg - Rural
STREET ADDRESS (If rural, give location): R # 1

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Virginia (Last) Bowman
4. DATE OF DEATH: (Month) Dec. 11 (Day) (Year) 19 55

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 27, 1922
9. AGE last birthday: 33 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Berkley County, W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Canie Hess
14. MOTHER'S MAIDEN NAME: Cora C. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Walter E. Hess, R # 1 Martinsburg, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Open fracture of skull. — 5 min.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Closed fracture rt. tibia & filula
(c) Hemorrhage and shock

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: —

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway
(CITY OR TOWN): Rural - Hagerstown 21 (COUNTY): Wash (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 11 '55 7:10PM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto - Truck Collison

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Robert Nelly MD (DEGREE OR TITLE) — ADDRESS: 115 N. Potomac St Hagerstown, Md — DATE SIGNED: 12-12-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12-15-55
NAME OF CEMETERY OR CREMATORY: Butler's Chapel
LOCATION (City, town, or county) (State): Martinsburg, R # 1 W. Va.

DATE REC'D BY LOCAL REG.: Dec. 12, 1955
REGISTRAR'S SIGNATURE: Grant Bowers
24. FUNERAL DIRECTOR: Scott F. Minnick & Son- ADDRESS: Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

12389

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

12469

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

ONLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR X TOWN Rural- Hagerstown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS OP

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY Berkley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Martinsburg, W. Va.
STREET ADDRESS (If rural, give location) R # 1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Stewart (Last) Bowman

4. DATE OF DEATH: (Month) Dec. (Day) 11 (Year) '55 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH

9. AGE last birthday: / yrs. If under 1 year: Months 15 Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Martinsburg, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Warren C. Bowman

14. MOTHER'S MAIDEN NAME: Helen V. Hess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - (If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Walter Hess- Martinsburg, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Fractured skull

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b): hemorrhage and shock

(c):

INTERVAL BETWEEN ONSET AND DEATH: 1 min

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: --

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No X

21. WAS EXTERNAL CAUSE (Accident, Suicide, Homicide) X? CONTRIBUTING, CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway

(CITY OR TOWN): Rural- Hagerstown, Md. (COUNTY): Wash. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 11 '55 7:10PM

INJURY OCCURRED While at work ☐ Not while at work X

HOW DID INJURY OCCUR? Auto- Truck Collison

22 *I certify that I took charge of the remains described above, held an Autopsy ___ Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry ___ the deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___*

SIGNATURE (Degree or title): S. Robert Wells, M.D., DEPUTY MEDICAL EXAMINER WASH. CO., MD.

ADDRESS: 115 N. Potomac St- Hagerstown, Md.

DATE SIGNED: 12-13-55

DISPOSITION: Burial

DATE THEREOF: 12-15-55

CEMETERY OR CREMATORY: Butler's Chapel

LOCATION (City, town, or county) (State): Martinsburg, W. Va. R#1

DATE RECD BY LOCAL REG.: Dec. 12 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnick & Son - Hagerstown, Md.

ADDRESS

VS ALA

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12406

# CERTIFICATE OF DEATH

12390

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

LENGTH OF STAY (in this place): ~~Life~~ 16 Hr

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Maryland — COUNTY: Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

STREET ADDRESS (If rural give location): 132 N. Locust St.

**3. NAME OF DECEASED** (Type or Print): (First) Theodore (Middle) Columbus (Last) Bowman

**4. DATE OF DEATH** (Month) Dec (Day) 16 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | Married | Feb 26, 1878 | 77 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Maintenance | Electric Power | Washington Co. Md. | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Alfred C. Bowman | Mary Catherine Smith |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| No | 217-10-2866 | Donald E. Eyler 410 Sherwood Dr Hagerstown Md. |

**18. MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — IMMEDIATE CAUSE (A) | acute coronary-thrombosis | 26hrs. |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) | arterio sclerotic coronary heart disease | 5yrs |
| DUE TO (C) | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| none | - | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | none | - - - |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| none M. | | - |

**22. I hereby certify** that I attended the deceased from Oct. ..., 19 50, to Dec. 16, 19 55, that I last saw the deceased alive on Dec. 16, 19 55, and that death occurred at 10:10 AM, from the causes and on the date stated above.

SIGNATURE: J Robert Wells M.D. — ADDRESS (Street, city, town, state): 115 N. Potomac Street-Hagerstown, Md — DATE SIGNED: 12-16-55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/18/55 | Smithburg Cemetery | Smithburg, Md. |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| DATE Dec. 14, 1955 | Ernest H. Bowers | Rest Haven Funeral Chapel Inc | Wm. A. Stonk |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12391

12407

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
   - COUNTY: Washington
   - CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
   - MARYLAND LENGTH OF STAY (in this place): 30 yrs.
   - HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   - STATE: Md.
   - COUNTY: Washington
   - CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
   - STREET ADDRESS (If rural give location): 305 S. Cleveland Ave

3. NAME OF DECEASED: (Type or Print) First: Anna (Middle): Mary (Last): Boyd

4. DATE OF DEATH: (Month) Dec (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Jan. 9, 1898

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR, Months: ___ Days: ___ IF UNDER 24 HRS, Hours: ___ Min.: ___

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waitress

10B. KIND OF BUSINESS OR INDUSTRY: resturant

11. BIRTHPLACE (State or foreign country): Maugansville Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William C. Myers

14. MOTHER'S MAIDEN NAME: Susan Brukaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-6466

17. INFORMANT & ADDRESS: Harvey D. Martin Chambersburg Rt.5

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE | (A) Acute Cardiac Dilatation | 2 hrs. |
| ANTECEDENT CAUSE (S): DUE TO | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST | (B) Diabetes Mellitus | 2 yrs. |
| DUE TO | (C) Diabetic Coma | 2 days |

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1955, to Dec. 22, 1955, that I last saw the deceased alive on Dec. 22nd, 1955, and that death occurred at 5 P.M. from the causes and on the date stated above.

SIGNATURE Chas. F. Coleman M. D. ADDRESS Hagerstown Md. DATE SIGNED 12/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 12-26-55

NAME OF CEMETERY OR CREMATORY: Stouffer Mennonite

LOCATION (City, town, or county) (State): Near Smithsburg Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 29 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son

ADDRESS: Hag. Md.

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS ATSC 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12470

# CERTIFICATE OF DEATH

12392

Reg. Dist. No. 304

**1. PLACE OF DEATH**

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 160. E. Main St Hancock Md.

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 160 E. Main St Hancock Md.

STREET ADDRESS (If rural give location) 160 E. Main St Hancock Md.

**3. NAME OF DECEASED** (Type or Print): (First) Alonzo (Middle) Edward (Last) Brakeall

**4. DATE OF DEATH**: (Month) 12 (Day) 29 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | Married | 5-3-05 | 50 yrs. | 7 | 23 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Labor | Md State Roads Dept. | Fulton County Penna. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Asa M Brakeall | Susan Manning |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| No | 220-09-7105 | Mrs Minnie M Brakeall Hancock Md. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

* IMMEDIATE CAUSE (A) Coronary Occlusion

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Myocarditis (Chr.)

DUE TO (C) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Mos. 5 4

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐ |
|---|---|---|
| | | |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from Mar 1 19 55 to 12-29 19 55, that I last saw the deceased alive on 12-20 19 55, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE Hubert R. Tobias M.D. ADDRESS (Street, city, town, state) Berkeley Springs W. Va. DATE SIGNED 12-31-55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12-30 | Tomlower Cemetery | Fulton County Penna. |

| 24 REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| 12/31/55 | J. A. Heller | Howard F. Stone Hancock Md |

12-10-55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12393

S Robert Wells M.D.
D.M.E. Wash. Co. Md.

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: 12408
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
MARYLAND LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hagerstown
STREET ADDRESS (If rural give location) Route 6

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Earl (Last) Brewer

4. DATE OF DEATH: (Month) Dec (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct. 9, 1887

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Brewer

14. MOTHER'S MAIDEN NAME: Susan Bryerly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) War 1

16. SOCIAL SECURITY NO. ------

17. INFORMANT & ADDRESS: Mrs. Amy M. Brewer Route 6

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X
IMMEDIATE CAUSE (A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO (B) General arteriosclerosis
904.9
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture right femur — 10 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) 21 (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1955, to Dec 6, 1955, that I last saw the deceased alive on Dec. 6, 1955, and that death occurred at 10 P. M. from the causes and on the date stated above.

SIGNATURE R. L. Stauffer M. D. ADDRESS Hagerstown Md DATE SIGNED Dec. 7 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-9-55
NAME OF CEMETERY OR CREMATORY Dunkard Cemetery
LOCATION (City, town, or county) Beaver Creek (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 9 1955
REGISTRAR'S SIGNATURE Edith Bowers
24. FUNERAL DIRECTOR Scott E. Linrich & Son Inc. ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12471

# CERTIFICATE OF DEATH

12394

Reg. Dist. No. 304

**1. PLACE OF DEATH**

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hancock

LENGTH OF STAY (In this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hancock

STREET ADDRESS (If rural give location)

**3. NAME OF DECEASED** (Type or Print) — (First) Leon (Middle) Wallard (Last) Brumback

**4. DATE OF DEATH** (Month) 12 (Day) 24 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | Black | Married | June 30 1905 | 50 yrs. | 5 | 24 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Labor | Penna. Glass Corp. | Washington County Md | U.S.A. |

13. FATHER'S NAME: Lewis G Brumback

14. MOTHER'S MAIDEN NAME: Elouise Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Mary F Brumback Hancock Md.

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒ |
|---|---|---|
| | | |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from 12/6, 19 55, to 12/24, 19 55, that I last saw the deceased alive on 12/24, 19 55, and that death occurred at 6:54 A.M., from the causes and on the date stated above.

**SIGNATURE** [signature] M.D. — **ADDRESS** (Street, city, town, state) Hancock Md — **DATE SIGNED** 12/27/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12-27-55 | House of Jacob Cemetery | Hancock Washington Md |

24. REC'D BY REGISTRAR DATE 12/27/55 — REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR'S SIGNATURE Howard F Hose — ADDRESS Hancock Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12409

# CERTIFICATE OF DEATH

12395

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; MARYLAND; LENGTH OF STAY (in this place) 62 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 310 E. Franklin St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 310 E. Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ann (Last) Bush

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 31, 1893

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Weaver

10B. KIND OF BUSINESS OR INDUSTRY: Knitting Mill

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John C. Baker

14. MOTHER'S MAIDEN NAME: Beda B. Harbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): - (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----

17. INFORMANT & ADDRESS: William Cushwa Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Art rosclerotic heart disease — unknown

DUE TO (C) Hypertensive cardiovascular disease — 13 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Residual hemiplegia — 5 yrs

19A. DATE OF OPERATION: (1) None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1942, to Dec. 20, 1955 that I last saw the deceased alive on Dec. 20, 1955, and that death occurred at 4; 10 AM, from the causes and on the date stated above.

SIGNATURE W. T. Layman, M.D. — ADDRESS Hagerstown, Md. — DATE SIGNED Dec. 20, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 12-22-55 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 22 1955 — REGISTRAR'S SIGNATURE: Chas H Boovers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Hag. Md.

12396

Dr Hornbaker

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

12410

Reg. Dist. No. 302

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55

**1. PLACE OF DEATH**

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (In this place) 3 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 05

STREET ADDRESS (If rural give location) 200 Summit Ave 1

**3. NAME OF DECEASED** (Type or Print) (First) GEORGE (Middle) RICHARD (Last) BUSSARD

**4. DATE OF DEATH** (Month) Dec (Day) 3 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | Married | Jany 4 1883 | 72 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Insurance Salesman | | Baltimore Md | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Luther L. Bussard | Lorie Heyser |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| No | ------ | ------ | Mrs Mary L. Bussard |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

40 min IMMEDIATE CAUSE (A) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease — Unknown

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute enterocolitis — 4 days

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| X | | YES ☑ NO ☐ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from 5/13, 1938, to 12-2, 1955, that I last saw the deceased alive on 12/2/55, 19....., and that death occurred at 9.50 P.M., from the causes and on the date stated above.

SIGNATURE John H Hornbaker M.D. — ADDRESS (Street, city, town, state) 154 W. Washington St Hagerstown Md — DATE SIGNED 12-3-55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/4/55 | Rose Hill Cemetery | Hagerstown Wash. Co. Md |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| Dec. 5. 1955 | Chas H Rowers | Andrew K. Coffman Hagerstown Md. |

12472

Dr Wells 12397

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Check the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (In this place) --
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 11

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Williamsport R # 2
STREET ADDRESS (If rural, give location) Reynolds Ave

3. NAME OF DECEASED: (Type or Print) (First) LAELLE (Middle) VIRGINIA (Last) CARLISLE
4. DATE OF DEATH (Month) (Day) (Year) Dec 26 1955

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widow | May 16 1896 | 59 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own Home | Front Royal Va. | USA |

13. FATHER'S NAME: George F. Kirby
14. MOTHER'S MAIDEN NAME: Flora Kay Silman

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No | 214-16-0731 | Mrs Goldie Leatherman |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) DUE TO | Fractured skull - hemorrhage & shock | 5min. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) DUE TO | Open fractured lt. tibia & fibula | |
| | (c) | | |

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? |
|---|---|---|
| none | - | Yes ☐ No ☒ |

| 21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway | 21c. (City or town) (County) (State) Rural - Williamsport, Md. Wash. Md |
|---|---|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 26'55 7:30PM | 21e INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Pedestrian - struck by Automobile |

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Robert Wells M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-27-55

| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12-29-55 | Rest Haven Cemetery | Hagerstown Md. |

DATE REC'D BY LOCAL REG. Dec 29 1955 REGISTRAR'S SIGNATURE Chas H. Howard

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

VS. A15A - 5 - 53

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12473 Dr LeVan 12398

# CERTIFICATE OF DEATH

Reg. Dist. No.

**1. PLACE OF DEATH**
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro
LENGTH OF STAY (In this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reeder Jursin Home

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) Calvert Apartments

**3. NAME OF DECEASED** (Type or Print) (First) EMMA (Middle) VIRGINIA (Last) CARR

**4. DATE OF DEATH** (Month) Dec (Day) 28 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widow | Sept 14 1865 | 90 yrs | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own home | Leitersburg Wash. Co. Md | U S |

**13. FATHER'S NAME** William Lawrence

**14. MOTHER'S MAIDEN NAME** Catherine Ann Lantz

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| No | | None | Mrs Bessie Harp |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Generalized arteriosclerosis — 6 yrs

ANTECEDENT CAUSE(S) DUE TO (B) with senility

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | YES ☐ NO ☐ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED White at work ☐ Not white at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from Dec 13, 1955, to Dec 28, 1955, that I last saw the deceased alive on Dec 27 55, 19..., and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE M D. ADDRESS (Street, city, town, state) Boonsboro DATE SIGNED 12/28/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/30/55 | Smithsburg Cemetery | Smithsburg Washington Co. Md |

| 24. REC'D BY REGISTRAR DATE 12-29-55 | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| | | Andrew K. Coffman Town |

Dec. 30 '55
J. R. Kerr Hurley Jr. D
Coroner's Report. D.M.F.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12399

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: 12411
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 732 Washington Ave,

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HAMPDEN (Last) COSENS

4. DATE OF DEATH: (Month) December (Day) 23 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: November 19, 1822
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months 1 Days 4 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Western Maryland R. R.
11. BIRTHPLACE (State or foreign country): Staunton, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry J. Cosens
14. MOTHER'S MAIDEN NAME: Georgina Goutsch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 705-10-5538
17. INFORMANT & ADDRESS: Robert I. Cosens Greencastle Rt. # 2 Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) TRAUMATIC PNEUMONIA — ONE WEEK

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) FRACTURED RIBS — 3 WEEKS

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ARTERIOSCLEROSIS UNKNOWN; HYPERTENSIVE CARDIOVASCULE RENAL DISEASE UNKNOWN

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) HOME
21C. WHERE DID INJURY OCCUR? (City or town) HAGERSTOWN (County) WASHINGTON (State) MARYLAND
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) DECEMBER 4, 1955
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? FELL

22. I hereby certify that I attended the deceased from DEC 6, 1955, to DEC 23, 1955, that I last saw the deceased alive on DEC. 22, 1955, and that death occurred at 5—25 A M, from the causes and on the date stated above.
SIGNATURE Charles Robert Cohen M.D.
ADDRESS CLEAR SPRING, MARYLAND
DATE SIGNED DEC. 24, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12/26/1955
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec. 27, 1955
REGISTRAR'S SIGNATURE: Ethel Bowers
24. FUNERAL DIRECTOR: C. M. Suter & Sons
ADDRESS: Hagerstown, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

12412 **CERTIFICATE OF DEATH** 12400

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY WASHINGTON — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 HAGERSTOWN

LENGTH OF STAY (In this place) 7 YRS.

HOSP. TAL OR INSTITUTION OR STREET ADDRESS 09 104 NORTH AVE.

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE MARYLAND COUNTY WASHINGTON

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

STREET ADDRESS (If rural give location) 104 NORTH AVE.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| SUE | ELSIE | DAUBERT | DEC. | 2 | 19 55 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| FEMALE | WHITE | WIDOWED | 10/21/1880 | 75 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| HOUSEWIFE | HOME | PENNSYLVANIA | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| JACOB KERSTETTER | ? KERSTETTER |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| NO | NONE | MISS ETHEL M. DAUBERT HAGERSTOWN MD. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Arteriosclerotic Heart disease with — INTERVAL BETWEEN ONSET AND DEATH 17 yrs

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) myocardial failure

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. **I hereby certify** that I attended the deceased from 1938 19..... to 3 Dec 19 55, that I last saw the deceased alive on 3 Dec 19 55 and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE F F Ruby M.D. ADDRESS (Street, city, town, state) 230 N Potomac — DATE SIGNED 5 Dec 55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | 12/7/55 | HARMONY CEM. | MILTON PENNA. |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| Dec. 7 1955 | Ethel Bowers | W. J. Normentt, Hagerstown, Md. |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12413 **CERTIFICATE OF DEATH** Reg. Dist. No. 12401 383

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 24 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) CAVETOWN PIKE, RURAL HAGERSTOWN MD. R.1

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) C (Last) DIBERT

4. DATE OF DEATH: (Month) DECEMBER (Day) 9 (Year) 1955

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED | 8. DATE OF BIRTH: MAY 15 1869 | 9. AGE last birthday: 86 yrs. 6 mos. 24 days | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED TRUCK FARMER - OWN FARM | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): CHEWSVILLE WASH. CO. MD. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB DIBERT

14. MOTHER'S MAIDEN NAME: ELIZABETH HOOVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-12-0191

17. INFORMANT & ADDRESS: MRS. AMY B. RICE HAGERSTOWN MD. R.1

18. MEDICAL CERTIFICATION

| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 331X IMMEDIATE CAUSE | (A) Cerebral hemorrhage | Several short hrs. |
| ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | (B) DUE TO General arteriosclerosis and cerebral sclerosis | Indefinite |
| | (C) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | Chronic cholecystitis with cholelithiasis | Indefinite |

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 1955 to Dec. 9, 1955, that I last saw the deceased alive on Dec. 8, 1955 and that death occurred at 6:40 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Hagerstown, Md. DATE SIGNED Dec. 12, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF Dec. 12, 1955 | NAME OF CEMETERY OR CREMATORY REST HAVEN CEMETERY | LOCATION (City, town, or county) (State) HAGERSTOWN MD. R.1

DATE REC'D BY LOCAL REGISTRAR Dec. 12 1955 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Wm. F. Bast & Sons, ADDRESS Boonsboro, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. B. B. KINSEY 148 W. WASH. ST. HAGERSTOWN MD.

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

12402

Dr. Cohen

12414 **CERTIFICATE OF DEATH**

Reg. Dist. No. 3rd

**1. PLACE OF DEATH**

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

LENGTH OF STAY (in this place): 4 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 351 Devonshire Rd.

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Maryland — COUNTY: Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

STREET ADDRESS (If rural give location): 351 Devonshire Rd.

**3. NAME OF DECEASED** (Type or Print): George (First) Webster (Middle) Duvall (Last)

**4. DATE OF DEATH**: Dec. 24 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | Married | Dec. 29, 1881 | 73 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Roof Builder | Self Employed | Rinesville, Md. | U.S.A. |

13. FATHER'S NAME: Edward Duvall

14. MOTHER'S MAIDEN NAME: Catherine Young

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| No | ------- | [illegible]-3833 | Mary Elizabeth Duvall |

**18. MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — IMMEDIATE CAUSE (A) | Arteriosclerosis, generalized | unknown |
| ANTECEDENT CAUSE(S) DUE TO (B) | Diabetes Mellitus | unknown |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | Arteriosclerotic gangrene, left leg. | 3 months |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| Nov. 30, 1955 | Arteriosclerotic gangrene | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from Feb 3, 1954 to Dec. 24, 1955, that I last saw the deceased alive on Dec. 23, 1955, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

**SIGNATURE**: Archie Robert Cohen M.D.

**ADDRESS** (Street, city, town, state): Clear Spring, Maryland

**DATE SIGNED**: 12/27/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12-28-1955 | Rose Hill Cemetery | Hagerstown Wash. Co. Md. |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| DATE Dec. 29, 1955 | Edgar H. Powers | Andrew K. Coffman, Hagerstown, Md. | |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 124 03

# 12474 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Maugansville
MARYLAND LENGTH OF STAY (in this place) 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maugansville
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Jane (Last) Ewan

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH. Aug. 6, 1892 | 9. AGE last birthday) 63 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Ganoetown W. Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Mason | 14. MOTHER'S MAIDEN NAME: Esther Manor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO — | 17. INFORMANT & ADDRESS: E. Wade Ewan Maugansville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Phlebitis Femoral Vein — 3 wks

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23-, 1955, to 12-15, 1955, that I last saw the deceased alive on 12-14, 1955, and that death occurred at 7 A.M. from the causes and on the date stated above.

SIGNATURE A. Ewan Detty M.D. ADDRESS Hagerstown Md. DATE SIGNED 12-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-21-55 | NAME OF CEMETERY OR CREMATORY Mt. Hebron Cemetery | LOCATION (City, town, or county) (State) Winchester Va.

DATE REC'D BY LOCAL REGISTRAR Dec 20, 1955 | REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hag. Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12414

12475 CERTIFICATE OF DEATH Reg. Dist. No. 305

1 PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BOONSBORO
LENGTH OF STAY (in this place) 15 YEARS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS N. MAIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BOONSBORO
STREET ADDRESS (If rural give location) N. MAIN ST.

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) OSCAR (Last) FLOOK

4. DATE OF DEATH: (Month) DECEMBER (Day) 20 (Year) 1955

5. SEX: MALE 6. COLOR OR RACE: WHITE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE 8. DATE OF BIRTH: JULY 22 1878 9. AGE last birthday 77-4-28 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER - JANITOR SERVICE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): FREDERICK CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSHUA HOWARD FLOOK
14. MOTHER'S MAIDEN NAME: LYDIA ANN MALINDA FLOOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 328-05-3645
17. INFORMANT & ADDRESS: MRS. EDNA REMSBURG BOONSBORO MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis DUE TO
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: (1)
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1955, to Dec 20, 1955, that I last saw the deceased alive on Dec 20, 1955, and that death occurred at 2.45 P M, from the causes and on the date stated above.
SIGNATURE G. W. Pelham M. D. ADDRESS Boonsboro DATE SIGNED 12/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF DEC. 23. 1955
NAME OF CEMETERY OR CREMATORY BOONSBORO MAUSOLEUM
LOCATION (City, town, or County) (State) BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR DEC 22. 1955
REGISTRAR'S SIGNATURE John T. Bast
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DR. LE YAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 12476 CERTIFICATE OF DEATH

Reg. Dist. No. 12006

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

**1. PLACE OF DEATH:**
COUNTY Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Smithsburg
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Smithsburg X
STREET ADDRESS (If rural give location) RFD #2

**3. NAME OF DECEASED: (Type or Print)** (First) Archie (Middle) Elmer (Last) Frey

**4. DATE OF DEATH:** (Month) (Day) (Year) Dec. 2, 1955

**5. SEX:** male

**6. COLOR OR RACE:** white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)** widowed

**8. DATE OF BIRTH:** Sept. 14, 1873

**9. AGE last birthday** 82 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 Hrs.: Hours / Min.

**10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):** farmer

**10B. KIND OF BUSINESS OR INDUSTRY:** own farm

**11. BIRTHPLACE (State or foreign country):** Wolfsville, Md.

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** Johnathan Frey

**14. MOTHER'S MAIDEN NAME:** Susan Mary Swope

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) no — (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.** no

**17. INFORMANT & ADDRESS:** Clarence Frey, Smithsburg, Md.

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 331X IMMEDIATE CAUSE | (A) Cerebral Vascular Accident | 2 wks |
| ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | DUE TO (B) Arteriosclerosis - Generalized | |
| | DUE TO (C) | |

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

**19A. DATE OF OPERATION:** /

**19B. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☒

**21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH** (IF EITHER, NOTIFY MEDICAL EXAMINER)

**21B. PLACE** (Home, farm, factory, OF INJURY street, office bldg., etc.)

**21C. WHERE DID INJURY OCCUR?** (City or town) (County) (State)

**21D. TIME OF INJURY** (Month) (Day) (Year) (Hour) M.

**21E. INJURY OCCURRED** While at work ☐ Not while at work ☐

**21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 5/1, 1955, to 12/2, 1955, that I last saw the deceased alive on 12/1, 1955, and that death occurred at 2:00A M, from the causes and on the date stated above.

SIGNATURE Charles F. Hess — ADDRESS M. D. Smithsburg, Md. — DATE SIGNED 12/3/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| burial | 12-5-55 | Welty's Cemetery | Smithsburg, RFD, Md. |

DATE REC'D BY LOCAL REGISTRAR Dec 3 55 — REGISTRAR'S SIGNATURE Geo. M Ingmon

**24. FUNERAL DIRECTOR** Scott F. Minnich & Son — ADDRESS Smithsburg

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 124106

12415

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY W shington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown; LENGTH OF STAY (in this place) 13 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 425 West Franklin Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03; STREET ADDRESS (If rural give location) 425 West Washington Street

3. NAME OF DECEASED: (First) ADDIE (Middle) FLORENCE (Last) FRYER

4. DATE OF DEATH: (Month) December (Day) 5 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: November 20, 1871

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months 0 Days 15 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waynesboro, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob D. Summers

14. MOTHER'S MAIDEN NAME: Mary A. Heefner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Mildred G. Moss Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Aretrio sclerotic myocardial heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO with myocardial failure grade Iv — 3yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

422.1

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none

21C. WHERE DID INJURY OCCUR? (City or town) - (County) - (State) -

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) none M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954 to Dec. 5, 1955 that I last saw the deceased alive on Dec. 2, 1955, and that death occurred at 1:30 P.M, from the causes and on the date stated above.

SIGNATURE J. Riley Wells M.D. ADDRESS M.D. 115 N. Potomac St- Hagerstown, Md DATE SIGNED 12-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12/8/1955 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec 7 1955 — REGISTRAR'S SIGNATURE Chas H Boward

24. FUNERAL DIRECTOR C. M. Suter & Sons — ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

12407

12477

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH · COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hancock 1
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Accident on Route 40.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE W.Va. — COUNTY: Barbara
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Buchannon
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Evelyn (Middle) (Last) Goodwin

4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 2/1921

9. AGE last birthday: 34 yrs. — If under 1 year: Months 10, Days 22, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

10b. KIND OF BUSINESS OR INDUSTRY: Bank

11. BIRTHPLACE (State or foreign country): Barbara County W.Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George A Phelps

14. MOTHER'S MAIDEN NAME: Celia S Fauley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Dale Goodwin Bushannon W.Va.

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cervical vertebrae — 10 min

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY (Or CONTRIBUTING) CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Work (CITY OR TOWN) 4.5.40 Hancock (COUNTY) Wash. (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: 12-24-55 11:15 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Passenger in auto collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) DEPUTY MEDICAL EXAM. ADDRESS — DATE SIGNED

J Robert Wells M.D. WA H CO. MD Hagerstown, Md. Dec 25 '55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12.28.55

NAME OF CEMETERY OR CREMATORY: Mt Moriis Cemetery

LOCATION (City, town, or county) (State): Clarksburg Barbara W.Va.

DATE REC'D BY LOCAL REG. 12/28/55

REGISTRAR'S SIGNATURE: J A Keller

24. FUNERAL DIRECTOR — ADDRESS: Howard Funeral Home Hancock Md

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12416

# CERTIFICATE OF DEATH

12408

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 Hagerstown, Md.

LENGTH OF STAY (in this place) 60 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 W Bethel Street

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Maryland

STREET ADDRESS (If rural give location) 31 W Bethel Street.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Marry | (no) | Gray | 12 | 10 | 1955 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Colored | Married | July 15 1878 | 77 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Laborer | Gardener | Beaver Creek, Maryland | USA. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| James Gray | Lula James |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| no | 214-09-8789 | Mrs. Minnie William. 31 W. Bethel |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 33/X IMMEDIATE CAUSE (A) | acute cerebral hemorrhage | 12 hrs |
| ANTECEDENT CAUSE(S) DUE TO (B) | Vascular Hypertension | 5 yrs |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | Hemiplegia | 4 yrs |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | | YES ☐ NO ☑ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| None | | |

**22. I hereby certify** that I attended the deceased from Oct, 19 55, to 12-10, 19 55, that I last saw the deceased alive on 12-10, 19 55, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE J Kotier Wells M.D. M. D. ADDRESS (Street, city, town, state) DATE SIGNED 12-13-55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12-14-1955 | Bellevue Cemetery | Hagerstown, Maryland. |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| Dec. 14, 1955 | Chas H Bowers | John R Watson Jr. Hagerstown Md. |

MARYLAND STATE DEPARTMENT OF HEALTH

12409

12478

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY WASHINGTON; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL BOONSBORO; LENGTH OF STAY (In this place) 4 YRS.; HOSPITAL OR INSTITUTION OR STREET ADDRESS RT#1 BOONSBORO

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL BOONSBORO; STREET ADDRESS (If rural, give location) RT#1 BOONSBORO

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) CLYDE (Last) GROVE

4. DATE OF DEATH: (Month) DEC. (Day) 14 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 11/27/1916

9. AGE last birthday: 39 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DENTIST

10b. KIND OF BUSINESS OR INDUSTRY: OWN PRACTICE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARRY C. GROVE

14. MOTHER'S MAIDEN NAME: SUSAN DUCKETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) YES (If yes, give war or dates of service) W. W. #2

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: MRS. BEATRICE GROVE BOONSBORO MD. RT#1

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute coronary occlusion — Interval Between Onset and Death: 20 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none

(CITY OR TOWN): -

(COUNTY): -

(STATE): -

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.*

SIGNATURE: J. Robert Kelly DEPUTY (Degree or title) WASH. CO., MD. ADDRESS: 115 N. Potomac St- Hagerstown, Md. DATE SIGNED: 12-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 12/17/55

NAME OF CEMETERY OR CREMATORY: St. Marks Epis. Ch. Cem.

LOCATION (City, town, or county) (State): Washington County, Md.

DATE REC'D BY LOCAL REG.: Dec 16 1955

REGISTRAR'S SIGNATURE: John D. Bast

24. FUNERAL DIRECTOR: W. J. Norment ADDRESS: Hagerstown, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 12417 CERTIFICATE OF DEATH

124 (1)

Reg. Dist. No. 302

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

**1. PLACE OF DEATH**

COUNTY WASHINGTON — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

LENGTH OF STAY (In this place) 9 MO.

HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE MARYLAND COUNTY WASHINGTON

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

STREET ADDRESS (If rural give location) 50 RANDOLPH AVE.

**3. NAME OF DECEASED** (Type or Print) (First) MYRLE (Myrle) (Middle) HAZEL (Last) GRUGEL

**4. DATE OF DEATH** (Month) DEC. (Day) 15 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (last birthday) | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| FEMALE | WHITE | WIDOWED | 2/26/1888 | 67 yrs. | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PROPRIETOR DRY CLEANING CO.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) NEBRASKA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME LUTHER GREENAWALT

14. MOTHER'S MAIDEN NAME EMILY COLTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 294-30-4837

17. INFORMANT & ADDRESS MRS. HELEN BARNHART HAGERSTOWN MD.

**18. MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| IMMEDIATE CAUSE | (A) Pulmonary Embolus | 1-2 minutes |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | DUE TO (B) Pathologic Fracture Body of D11 + L-3 | 8 weeks |
| | DUE TO (C) Chronic Lymphatic Leukemia | 11 months |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

**22. I hereby certify** that I attended the deceased from 4-6-55, to 12-16-55, that I last saw the deceased alive on 12-15-55, and that death occurred at 7:05 P.M. from the causes and on the date stated above.

SIGNATURE Dalton M. Welty M.D. ADDRESS (Street, city, town, state) Hagerstown, Washington Co. DATE SIGNED 12/16/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| BURIAL | 12/19/55 | LAKEWOOD CEM. | AKRON | OHIO |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| Dec. 16 1955 | Chas H Bowers | W J Norment | Hagerstown, Md. |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12411

12418

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
   COUNTY: Washington — MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Hagerstown
   LENGTH OF STAY (in this place): few min
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: A & P Store N. Potomac St- Hagerstown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Wash
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sharpsburg, Md.
   STREET ADDRESS (If rural give location): 205 E. Antietam St-

3. NAME OF DECEASED: (First) Charles (Middle) Albert (Last) Guessford

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 4, 1908

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months 8 Days 10 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Ice Cream Co.

11. BIRTHPLACE (State or foreign country): Hagerstown

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert L. Guessford

14. MOTHER'S MAIDEN NAME: Sarah Jane Barnhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 214-09-6339

17. INFORMANT & ADDRESS: Mrs. Ruth Guessford - 205 E. Antietam St Sharpsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 5 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis — 5 yr

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1- ,19 55, to 12-14- ,19 55, that I last saw the deceased alive on 12-14 , 19 55, and that death occurred at noon , from the causes and on the date stated above.

SIGNATURE: L. W. Getty — (Degree or title) — ADDRESS: Hagerstown Md — DATE SIGNED: 12-17-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 18 '55 — NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery — LOCATION (City, town, or county) (State): Sharpsburg, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 19, 1955 — REGISTRAR'S SIGNATURE: Elsie H. Boerner

24. FUNERAL DIRECTOR: Albert L. Leaf- Williamsport, Md. — ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12412

# CERTIFICATE OF DEATH

12419

Reg. Dist. No. 302

1. PLACE OF DEATH: WASHINGTON COUNTY HOSPITAL KING ST. HAGERSTOWN, MARYLAND
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 12 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. VA. COUNTY MORGAN
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERKELEY SPRINGS
STREET ADDRESS (If rural give location) R.F.D. # 3

3. NAME OF DECEASED: (Type or Print) (First) ELMER (Middle) HOWARD (Last) HADDOX

4. DATE OF DEATH: (Month) DEC (Day) 16, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT. 13, 1881

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): TELEGRAPHER

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country) JONES SPRINGS, W VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALPHEUS LEWIS HADDOX

14. MOTHER'S MAIDEN NAME: HARRIET BARTELBAUGH

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: MRS. EVELYN HASENBUHLER BERKELEY SPRINGS, W VA

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.6

Immediate cause (a) UREMIA — Interval Between Onset And Death: 7 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) METASTIC CARCINOMA INVOLVING EIGHTH DORSAL — 12 DAYS CERTAIN;

DUE TO

(c) VERTEBRA; SIXTH RIB; PARALYSISBELOW EIGHT DORSAL — TIME OF ONSET UNKNOWN

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DECEMBER 1954 to DEC. 16 1955, that I last saw the deceased alive on DEC. 16 1955, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. T. LAYMAN, M. D. — ADDRESS DEC. 16, 1955 DATE SIGNED — 5 PUBLIC SQUARE HAG. MD.

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL — DATE THEREOF 12-16-55 — NAME OF CEMETERY OR CREMATORY GREENWAY — LOCATION (City, town, or county) (State) BERKELEY SPRINGS W VA.

DATE REC'D BY LOCAL REGISTRAR DEC. 16. 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Chas. F. Hunter — ADDRESS BERKELEY SPRINGS, W. VA.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

12479 **CERTIFICATE OF DEATH** 12413

Reg. Dist. No. 306

**1. PLACE OF DEATH**

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural, Smithsburg

LENGTH OF STAY (in this place) 50 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Smithsburg #2

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Md. COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Smithsburg X

STREET ADDRESS (If rural give location) Smithsburg #2 /

**3. NAME OF DECEASED** (Type or Print) (First) Carrie (Middle) Lelle (Last) Fahn

**4. DATE OF DEATH** (Month) Dec. (Day) 13, (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min. |
|---|---|---|---|---|---|---|
| Female | White | Widowed | Oct. 14, 1886 | 69 yrs. | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rouzersville, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eli Ott

14. MOTHER'S MAIDEN NAME: Emma Jane Shettle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Marie Thompson

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 da

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension & Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

**22. I hereby certify** that I attended the deceased from 12-13-55 19..., to 12-13-55 19..., that I last saw the deceased alive on 12-13-55 19..., and that death occurred at 10:05 A.M., from the causes and on the date stated above.

SIGNATURE A. W. Tinderman M.D. ADDRESS (Street, city, town, state) Waynesboro Pa. DATE SIGNED 12-14-55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/17/55 | Bethel | Lantz #1, Frederick Co. Md. |

24. REC'D BY REGISTRAR DATE Dec 14-55

REGISTRAR'S SIGNATURE Elmer H. Ferguson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul W. Hoke Waynesboro Pa.

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within [illegible] after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VII A15M 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Hirshman

12414

12420

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

LENGTH OF STAY (In this place) 8 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 1114 Oak Hill Ave

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

STREET ADDRESS (If rural give location) 1114 Oak Hill Ave

**3. NAME OF DECEASED** (Type or Print) (First) ROSALOND (Middle) HAINES (Last) HASSETT

**4. DATE OF DEATH** (Month) Dec (Day) 31 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widow | Sept 28 1872 | 83 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own Home | Green Spring Furnace | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Merritt Haines | Lelia Feidt |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| No | No | ---------- | Mrs Elizabeth Ankeney |

**18. MEDICAL CERTIFICATION**

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| 4 [illegible] IMMEDIATE CAUSE | (A) | Arteriosclerotic Apoplexy Heart Disease | 4 yrs |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | DUE TO (B) | Generalized Arteriosclerosis | 4 yrs |
| | DUE TO (C) | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐ |
|---|---|---|
| 0 | | |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from Dec 29, 19 49, to Dec 31, 19 55, that I last saw the deceased alive on Dec 30, 19 55, and that death occurred at 1:44 P.M., from the causes and on the date stated above.

SIGNATURE Harry J. McSherman M.D. ADDRESS (Street, city, town, state) Hagerstown Md DATE SIGNED 1/3/1956

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 1/3/56 | Rose Hill Cemetery | near Clear Spring Md. |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| Jan 3, 1956 | Chas H. Bowers | Andrew K. Coffman Hagerstown Md. |

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

12596

# CERTIFICATE OF DEATH

12480

Reg. Dist. No.....

**1. PLACE OF DEATH**

COUNTY WASHINGTON — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL HAGERSTOWN

LENGTH OF STAY (In this place) 2 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS GATEWAY NURSING HOME

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE MARYLAND COUNTY WASHINGTON

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

STREET ADDRESS (If rural give location) 26 RANDOLPH AVE.

**3. NAME OF DECEASED** (Type or Print) (First) ALEXANDER (Middle) (Last) HENSON

**4. DATE OF DEATH** (Month) DEC. (Day) 24 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min. |
|---|---|---|---|---|---|---|
| MALE | WHITE | MARRIED | 7/3/1869 | 86 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| CONTRACTOR | SELF EMP. | MARYLAND | U.S.A. |

13. FATHER'S NAME ALFRED HENSON

14. MOTHER'S MAIDEN NAME UNKNOWN

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S ADDRESS |
|---|---|---|---|
| NO | | NONE | MRS. MAUDE HENSON HAGERSTOWN MD. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 17 mos.

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of prostate. — 3 yrs.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED White at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from July 27, 1954, to Dec. 24, 1955, that I last saw the deceased alive on Dec. 24, 1955, and that death occurred at 1:00 P.M. from the causes and on the date stated above.

**SIGNATURE** K. A. Bell M.D. **ADDRESS** (Street, city, town, state) Hagerstown, Maryland. **DATE SIGNED** 12-27-55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | 12/28/55 | ELMWOOD CEM. | SHEPERDSTOWN W. VA. |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| DATE Dec 31-55 | Leroy DK Forker | W. J. Kornmeyer, Hagerstown, Md. |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12415

12421

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

- MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington ~~Washington~~ MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 1 Mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash Co. Hospital Hagerstown, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~West~~ Md COUNTY ~~Mass~~ Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hancock Rt #1; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) GARY (Middle) LYNN (Last) Holland

4. DATE OF DEATH: (Month) 12 (Day) 20 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 12-20-55

9. AGE last birthday: 1 Mo. yrs. IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours 1, Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM M. HOLLAND

14. MOTHER'S MAIDEN NAME: Katherine Normalee Jacks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: MRS RALPH MAY LINCOLN Ave HAGERSTOWN, Md

## 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Atelectasis — Interval Between Onset And Death 1 Hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity. Twin.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ~~Dec~~ 19 55, to Dec ~~Dec~~ 19 55, that I last saw the deceased alive on Dec ~~Dec~~ 19 55, and that death occurred at Hagerstown from the causes and on the date stated above.

SIGNATURE Louis Gross M.D. (Degree or title) ADDRESS 114 E Antietam St DATE SIGNED 12/22/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL; DATE THEREOF Dec. 23-55; NAME OF CEMETERY OR CREMATORY REST HAVEN CEM; LOCATION (City, town, or county) HAGERSTOWN, (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 22, 1955; REGISTRAR'S SIGNATURE Chas H Boevers

24. FUNERAL DIRECTOR ALBERT L. LEAF; ADDRESS W/ LEAF REPORT MARYLAND

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

12422

# CERTIFICATE OF DEATH

12416

Reg. Dist. No. 202

**1. PLACE OF DEATH**

COUNTY Washington Co MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Md

LENGTH OF STAY (in this place) 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Md COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Md. RD 1

STREET ADDRESS (If rural give location)

**3. NAME OF DECEASED** (Type or Print) (First) SAMUEL (Middle) L (Last) HORNBAKER

**4. DATE OF DEATH** (Month) 12 (Day) 24 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min |
|---|---|---|---|---|---|---|
| Male | White | Widower | 12-30-1876 | 78 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired | Farmer | Burkeysburg Pa RD 1 | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Henry C. Hornbaker | Caroline Fuller |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| No | 162-22-1829 | Mrs. Geo. May Williamsport Md |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 Day

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 0 | | YES ☐ NO ☐ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED White at work ☐ Not white at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from 12/23/55 to 12/24/55, that I last saw the deceased alive on 12/24/55, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

SIGNATURE Ralph L Grove M.D. ADDRESS (Street, city, town, state) Williamsport Md DATE SIGNED 12/26/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/28/55 | Pine Grove Cemetery | Williamsport Pa. RD 1 |

| 24. REC'D BY REGISTRAR DATE Dec 26 1955 | REGISTRAR'S SIGNATURE Edgar H Bowers | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. M. Corrigan, Mercersburg, Pa. |
|---|---|---|

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12423

# CERTIFICATE OF DEATH

Reg. Dist. No. 12417 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland
STREET ADDRESS (If rural give location) 260 South Prospect Street

3. NAME OF DECEASED. (Type or Print) (First) MARY (Middle) FRANCES (Last) HOWARD

4. DATE OF DEATH: (Month) December (Day) 24 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: November 8, 1870

9. AGE last birthday 85 yrs
IF UNDER 1 YEAR: Months 0 Days 16
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C. Loose

14. MOTHER'S MAIDEN NAME: Virginia Pearson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Victor D. Miller Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis — yrs.

DUE TO (C) Diabetes Mellitus — yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 1955, to Dec. 24, 1955, that I last saw the deceased alive on Dec. 24, 1955, and that death occurred at 6:05 P.M., from the causes and on the date stated above.

SIGNATURE M. D. Chas A. Hoffman ADDRESS 210 N. Potomac St Hagerstown Md DATE SIGNED 12/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/27/1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 27, 1955

REGISTRAR'S SIGNATURE Edith H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons

ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12424

# CERTIFICATE OF DEATH

12418

Reg. Dist. No. 302

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

**1. PLACE OF DEATH**

COUNTY WASHINGTON — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

LENGTH OF STAY (in this place) 24 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE MARYLAND COUNTY WASHINGTON

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

STREET ADDRESS (If rural give location) 35 CHARLES ST.

**3. NAME OF DECEASED** (Type or Print) (First) IRA (Middle) MARCHEL (Last) HUTZELL

**4. DATE OF DEATH** (Month) DEC. (Day) 5 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min. |
|---|---|---|---|---|---|---|
| MALE | WHITE | MARRIED | 9/21/1889 | 66 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| RETIRED TRUCK DRIVER | FLORIST | MARYLAND | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| JACOB HUTZELL | ALICE M. DUTROW |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| NO | 217-10-3252 | MRS. MATTIE L. HUTZELL HAGERSTOWN MD. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 Days

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

**22. I hereby certify** that I attended the deceased from 11/30/55 to 12/5/55, 19..... that I last saw the deceased alive on 12/5/55, and that death occurred at 11:25 P.M. from the causes and on the date stated above.

SIGNATURE Nath Fleming M.D. — ADDRESS (Street, city, town, state) William Street Hagerstown — DATE SIGNED 12/7/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | 12/9/55 | BOONSBORO CEM. | BOONSBORO MD. |

| 24. RECD BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| 12/12/1955 | Chas H Bowers | W. J. Norment, | Hagerstown, Md |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12425

12413

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 417 S. Potomac Street

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) Wayne (Last) Jenkins

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Dec. 21, 1955

9. AGE last birthday yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington County Hospital

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Maurice Costello Jenkins

14. MOTHER'S MAIDEN NAME: Jean Lucille Barton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Atelectasis — Interval between onset and death: 36 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity — 36 hrs.

(c)

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

21a. DATE OF OPERATION

21b. MAJOR FINDINGS OF OPERATION

22. AUTOPSY? Yes ☐ No ☐

23. ACCIDENT / SUICIDE / HOMICIDE (Specify)

24. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

25. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

26. INJURY OCCURRED While at Work ☐ Not While At work ☐

27. HOW DID INJURY OCCUR?

28. I hereby certify that I attended the deceased from 12/21, 19[illegible], to 12/22, 19[illegible], that I last saw the deceased alive on 12/22, 19[illegible], and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul Hamson M.D. 518 N. Potomac St. Hagerstown Md 12/23/55

29. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/23/55

NAME OF CEMETERY OR CREMATORY: Rest Haven Cem.

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Dec 23, 1955

REGISTRAR'S SIGNATURE: Ralph T. Bowers

30. FUNERAL DIRECTOR — ADDRESS: A. J. Norment, Hagerstown Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12426 12420

# 12426 CERTIFICATE OF DEATH

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY WASHINGTON — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

LENGTH OF STAY (In hospital) LIFE

HOSPITAL OR INSTITUTION OR STREET ADDRESS 792 FREDERICK ST.

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE MARYLAND COUNTY WASHINGTON

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

STREET ADDRESS (If rural give location) 792 FREDERICK ST.

**3. NAME OF DECEASED** (Type or Print) (First) EVAN (Middle) LUTHER (Last) JONES

**4. DATE OF DEATH** (Month) DEC. (Day) 3 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min. |
|---|---|---|---|---|---|---|
| MALE | WHITE | MARRIED | 9/25/1912 | 43 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| RESTUARANT OWNER | | MARYLAND | U.S.A. |

13. FATHER'S NAME: CHESTER C. JONES

14. MOTHER'S MAIDEN NAME: ABBA G. COSS

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| NO | | 217-10-3148 | MRS MARY A. JONES HAGERSTOWN MD. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 45 minutes

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary arteriosclerosis — 6 months

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | YES ☐ NO ☑ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from Nov. 14, 1955, to Dec. 3, 1955, that I last saw the deceased alive on Nov. 29, 1955, and that death occurred at 1:00 AM, from the causes and on the date stated above.

SIGNATURE George Jennings M.D. ADDRESS (Street, city, town, state) 134 W. Washington St. Hagerstown, Md. DATE SIGNED 12/5/55

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | 12/6/55 | REST HAVEN CEM. | HAGERSTOWN, MD. |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| DATE Dec. 7, 1955 | Chas. H. Bowers | C. J. Normentl | Hagerstown, Md. |

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

12427

# 12427 CERTIFICATE OF DEATH

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY WASHINGTON — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

LENGTH OF STAY (In this place) 43 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE MARYLAND COUNTY WASHINGTON

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

STREET ADDRESS (If rural give location) 117 S. POTOMAC ST.

**3. NAME OF DECEASED** (Type or Print) (First) WILLIAM (Middle) HENRY (Last) JONES

**4. DATE OF DEATH** (Month) DEC. (Day) 21 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | WHITE | MARRIED | 5/31/1880 | 75 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| RETIRED PIT OPERATOR | UTILITY | MARYLAND | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| CORNELIUS JONES | MARGARET DOUGHERTY |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| NO | NONE | MRS. CORA C. JONES HAGERSTOWN MD. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 41 Hrs.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive cardio-vascular disease — 5yrs

DUE TO (C) None

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| M. | | |

**22. I hereby certify** that I attended the deceased from Dec. 20, 19 55 to Dec. 21, 19 55, that I last saw the deceased alive on Dec. 21, 19 55, and that death occurred at 11:15 P.M. from the causes and on the date stated above.

| SIGNATURE | ADDRESS (Street, city, town, state) | DATE SIGNED |
|---|---|---|
| W. T. Layman, M.D. W. T. Layman M.D. | Hagerstown, Md. | Dec. 23, 1955 |

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | 12/24/55 | GREEN LAWN CEM. | WILLIAMSPORT MD. |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| Dec. 24, 1955 | Ethel H. Howard | W. J. Norment, Hagerstown, Md. |

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within [redacted] hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

12422

# 12428 CERTIFICATE OF DEATH

Reg. Dist. No. 30 2

**1. PLACE OF DEATH**

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

LENGTH OF STAY (in this place): 6 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Penna. COUNTY: Franklin

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Mercersberg

STREET ADDRESS (If rural give location): Route # 2

**3. NAME OF DECEASED** (Type or Print): (First) Dorothy (Middle) T. (Last) Keefer

**4. DATE OF DEATH** (Month) (Day) (Year): December 16 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Married | August 14, 1921 | 34 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | House keeping | Franklin Co. Penna. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Charles Waler | Unable To Obtain |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| No | 183-12-2203 | Ray W. Keefer, Mercersberg, Route 2 Pa. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 401.1 IMMEDIATE CAUSE | (A) | Subacute bacterial endocarditis | 7 months |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | DUE TO (B) | Rheumatic heart disease | 1 year |
| | DUE TO (C) | | |

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Virus pneumonitis — 1 week

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| none | | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from May 2, 1955, to Dec. 16, 1955, that I last saw the deceased alive on Dec 15, 1955, and that death occurred at 1:45 A M, from the causes and on the date stated above.

SIGNATURE: [signature] M.D.

ADDRESS (Street, city, town, state): Clear Spring, Md.

DATE SIGNED: Dec. 16, 1955

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12-18-1955 | Welsh Run Brethern Cemet. | Franklin Co. Penna. |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| DATE Dec. 16 1955 | [signature] | Harold M. Zimmerman | Greencastle, Pa |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12423

# 12429 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) D. O. A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 431 Cook Street

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) LOUISE (Last) KEMP

4. DATE OF DEATH: (Month) December (Day) 10 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: May 22, 1887 | 9. AGE last birthday 68 yrs. | IF UNDER 1 YEAR Months 6 Days 18 | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Leitersburg, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Hartle
14. MOTHER'S MAIDEN NAME: Mary Hemphill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Victoria E. Hughes Hagerstown, Maryla

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Arterio Sclerotic Heart Disease DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C) Diabetes — 6 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15-55, to 12-14-55, that I last saw the deceased alive on 12-10-55, and that death occurred at 0900 M, from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Hagerstown DATE SIGNED 12/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12/13/1955
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) (State) Leitersburg, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 12, 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 12430 CERTIFICATE OF DEATH

Reg. Dist. No. 12434

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY WASHINGTON — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LENA - RURAL — STREET ADDRESS (If rural give location) BOONSBORO MD. R.2

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) EDGAR (Last) KEPHART

4. DATE OF DEATH: (Month) DECEMBER (Day) 25 (Year) 1955

5. SEX: MALE — 6. COLOR OR RACE: WHITE — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED — 8. DATE OF BIRTH: AUGUST 18 1898 — 9. AGE last birthday 57-4-7 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK FARMER — 10B. KIND OF BUSINESS OR INDUSTRY: OWN FARM — 11. BIRTHPLACE (State or foreign country): FREDERICK COUNTY MD. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LUTHER KEPHART — 14. MOTHER'S MAIDEN NAME: SADIE FORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: MRS. SADIE KEPHART BOONSBORO MD. R.2.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Dec. 17, 1955, to Dec. 25, 1955, that I last saw the deceased alive on Dec. 24, 1955, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE AND ADDRESS OF M.D. William Boonsboro — DATE SIGNED 12/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Dec. 28. 1955 — NAME OF CEMETERY OR CREMATORY MT. LENA CEMETERY — LOCATION (City, town, or county) (State) MT. LENA WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR Dec 28 1955 — REGISTRAR'S SIGNATURE Chas. H. Howard — 24. FUNERAL DIRECTOR AND ADDRESS Wm. F. Bast and Sons Boonsboro MD.

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 18M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr E.W. Ditto

12431 **CERTIFICATE OF DEATH**

12425

Reg. Dist. No. 302

| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|---|---|---|
| COUNTY Washington | MARYLAND | STATE Maryland COUNTY Washington |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 Hagerstown | LENGTH OF STAY (In this place) 13 Hours | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital | | STREET ADDRESS (If rural give location) 419 Linganore Ave |

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|---|
| | ALLIE | BELLE | KEPLINGER | Dec 6 1955 19 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widow | November 4 1880 | 75 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own Home | Brownsville Md. | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| John B. Potter | Teresa Deener |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| NO | | None | Maynard J. Kelpinger |

**18. MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| 21cx IMMEDIATE CAUSE (A) | DIABETES | 6 yrs |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) | Generalized Arteriosclerosis | 6 yrs |
| DUE TO (C) | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒ |
|---|---|---|
| | | |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from 12-1, 1955, to 12-6, 1955, that I last saw the deceased alive on 12-6, 1955, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

**SIGNATURE** W. W. Ditto M.D. **ADDRESS** (Street, city, town, state) Hagerstown **DATE SIGNED** 12/7/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12-9-55 | Rose Hill Cemetery | Hagerstown Wash. Co. Md. |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| DATE Dec. 10 1955 | Mark Bowers | Andrew K. Coffman | Hagerstown Md. |

MARYLAND STATE DEPARTMENT OF HEALTH

# 12481 CERTIFICATE OF DEATH 12426
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 302-303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Near Claerspring, Md.
LENGTH OF STAY (In this place): Few Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: On Road Near Clearspring, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 930D Lanvale Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Earl (Last) Kershner
4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 22, 1926
9. AGE last birthday: 29 yrs. If under 1 year: Months 1, Days 26, If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Press Operator
10b. KIND OF BUSINESS OR INDUSTRY: Hag. Rubber Co.
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Max Kershner
14. MOTHER'S MAIDEN NAME: Mary Fryer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): War II
16. SOCIAL SECURITY No.: 219-14-5108
17. INFORMANT AND ADDRESS: Mrs. Geo. E. Kershner, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Fractured Skull (Open) hemorrhage and shock | 10 min |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway
(CITY OR TOWN) (COUNTY) (STATE): Rural - Indain Springs, Wash. Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 18 55 @3:00 AM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?: Auto accident- Hit a tree head-on

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Robert Wells M.D. ADDRESS: 115 N. Potomac St- Hagerstown, Md. DATE SIGNED: 12-19-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-21-1955
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Dec 20, 1955
REGISTRAR'S SIGNATURE: Joseph W. Murray
24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Md. ADDRESS:

12432

12427
Reg. Dist.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

**1. PLACE OF DEATH:**
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Distruct of Columbia — COUNTY: Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 1331 Fairmont St. N.W.

**3. NAME OF DECEASED: (Type or Print)** (First) Edwin (Middle) Alderman (Last) King

**4. DATE OF DEATH** (Month) (Day) (Year): 12-14- 1955

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single

**8. DATE OF BIRTH:** Nov. 20, 1900

**9. AGE last birthday:** 55 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): U.S. Public Roads

**10b. KIND OF BUSINESS OR INDUSTRY:** Government

**11. BIRTHPLACE** (State or foreign country): Greenville, N.C.

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** George B. King

**14. MOTHER'S MAIDEN NAME:** Nannie A. King

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.): No
(If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** George B. King, Jr. - Richmond, Va.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

Immediate cause (a) (closed) Fractured Skull - hemorrhage and shock — INTERVAL BETWEEN ONSET AND DEATH: 60 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH:** Paget's Disease

**19a. DATE OF OPERATION:** Dec. 14 '55

**19b. MAJOR FINDING OF OPERATION:** fractured skull — Trephining operation of skull-- Sub dural hemorrhage

**20. AUTOPSY?** Yes ☒ No ☐

**21a. EXTERNAL CAUSE WAS** PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

**21b. PLACE** (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street

**21c.** (City or town) Hagerstown (County) Washington (State) Md.

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 12-11-55 7:00PM

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☒

**21f. HOW DID INJURY OCCUR?** Found on street in semi-conscious conditon

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: S. Robert Wells, M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED: 12-15-55

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial
DATE THEREOF: 12-19-55
NAME OF CEMETERY OR CREMATORY: Cherry Hill Cemetery
LOCATION (City, town, or county) (State): Greensville, N.C.

DATE REC'D BY LOCAL REG.: Dec. 15, 1955
REGISTRAR'S SIGNATURE: Elizabeth Hoover
**24. FUNERAL DIRECTOR** ADDRESS: S.H. Hines - Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

12428

12482

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: WASHINGTON — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BOONSBORO — LENGTH OF STAY (in this place): 2 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: N. MAIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BOONSBORO
STREET ADDRESS (If rural, give location): N. MAIN ST.

3. NAME OF DECEASED (Type or Print): (First) DWIGHT - (Middle) DAVID - (Last) KITCHEN

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: OCT-5-1955

9. AGE last birthday: ___ yrs. If under 1 year: Months 2 Days 14 If under 24 hrs: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): MARTINSBURG - W. VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NEAL B. KITCHEN

14. MOTHER'S MAIDEN NAME: JACQUELYN MORGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO.

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: NEAL B. KITCHEN BOONSBORO MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute bronchopneumonia — Interval between onset and death: 10 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: A. Robert Wells M.D. (Degree or title) D.M.E. Wash. Co. Md. ADDRESS: Hagerstown, Md. DATE SIGNED: 12-19-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: DEC. 22. 1955 — NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY — LOCATION (City, town, or county) (State): BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REG.: DEC. 20. 1955 — REGISTRAR'S SIGNATURE: John D. Bast

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS — ADDRESS: BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12429

12433

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; MARYLAND LENGTH OF STAY (In this place) 14 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Wash; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hagerstown; STREET ADDRESS (If rural give location) Route 5

3. NAME OF DECEASED (Type or Print): (First) Eliza (Middle) Jane (Last) Kline

4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 17, 1865

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practial Nurse

10B. KIND OF BUSINESS OR INDUSTRY: Home Nursing

11. BIRTHPLACE (State or foreign country): Frederick County Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Delauter

14. MOTHER'S MAIDEN NAME: Martha Weddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ----

17. INFORMANT & ADDRESS: Mrs. Emma Burkhart Smithsburg Rt. 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Edema DUE TO Arterio Sclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C) Generalized Arterio Sclerosis 20 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1955 to Dec 23, 1955 that I last saw the deceased alive on Dec 23, 1955, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Smithsburg DATE SIGNED 12/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial; DATE THEREOF 12-26-55; NAME OF CEMETERY OR CREMATORY: Leitersburg Luthern; LOCATION (City, town, or county) (State): Leitersburg Md.

DATE REC'D BY LOCAL REGISTRAR Dec 24 1955; REGISTRAR'S SIGNATURE Blanch Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son ADDRESS Smithsburg Md

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12434

# CERTIFICATE OF DEATH

12430

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY WASHINGTON — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

LENGTH OF STAY (In this place) 28 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 1072 S. POTOMAC ST.

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE MARYLAND COUNTY WASHINGTON

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

STREET ADDRESS (If rural give location) 1072 S. POTOMAC ST.

**3. NAME OF DECEASED** (Type or Print) (First) EVA (Middle) AGNES (Last) KNODE

**4. DATE OF DEATH** (Month) DEC. (Day) 7 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| FEMALE | WHITE | WIDOWED | 8/25/1885 | 70 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| HOUSEWIFE | HOME | MARYLAND | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| JACOB BENDER | BARBARA JOHNSON |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| NO | | NONE | MISS MILDRED KNODE HAGERSTOWN MD. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 42.1.4 IMMEDIATE CAUSE | (A) | Acute broncho-pneumonia | 8 hrs |
| ANTECEDENT CAUSE(S) DUE TO | (B) | Endo-carditis | 18yrs |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 426 X DUE TO | (C) | myocarditis | 18yrs |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | Diabetes M | 10yrs |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| none | - | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) | (County) | (State) |
|---|---|---|---|---|
| | none | - | - | - |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED White at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| none M | | - |

**22. I hereby certify** that I attended the deceased from June, 1937, to Dec. 7, 1955, that I last saw the deceased alive on Dec. 7, 1955, and that death occurred at 8:45 P.M. from the causes and on the date stated above.

SIGNATURE J. Robert Wells — M.D. — ADDRESS (Street, city, town, state) 115 N. Potomac St- Hagerstown, Md. — DATE SIGNED 12-9-55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | 12/10/55 | MT. VIEW CEMETERY | SHARPSBURG MD. |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| Dec. 12, 1955 | Chas. H. Towers | W. J. Norment, | Hagerstown, Md. |

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**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

12431

# 12435 CERTIFICATE OF DEATH

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY: WASHINGTON — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HAGERSTOWN

LENGTH OF STAY (in this place): 40 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARLOCK MEMORIAL CONV. HOSPITAL

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: MARYLAND — COUNTY: WASHINGTON

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HAGERSTOWN

STREET ADDRESS (If rural give location): 205 S. POTOMAC ST.

**3. NAME OF DECEASED** (Type or Print): (First) CATHERINE (Middle) AGNES (Last) KUHN

**4. DATE OF DEATH**: (Month) DEC. (Day) 19 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| FEMALE | WHITE | WIDOWED | 2/12/1876 | 79 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| HIUSEWIFE | HOME | MARYLAND | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| JAMES CULLEN | MARY McKENNA |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| NO | NONE | MISS MARY M. KUHN HAGERSTOWN MD. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypertensive Cardio Vascular

ANTECEDENT CAUSE(S) DUE TO (B) Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | YES ☐ NO ☑ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED White at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from 10-1-, 1934, to 12-19, 1955, that I last saw the deceased alive on 12-19, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE: J. W. Duffy M.D. — ADDRESS (Street, city, town, state): Hagerstown Md — DATE SIGNED: 12-21-55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | 12/22/55 | ST. PAULS CHURCH CEM. | WASHINGTON CO. MD. |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| 12/23/1955 | Ethel Powers | W. J. Normentt, Hagerstown Md |

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

Dr Novenstein

# 12436 CERTIFICATE OF DEATH

12432

Reg. Dist. No. [illegible]

| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|---|---|---|
| COUNTY Washington | MARYLAND | STATE Maryland COUNTY Washington |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 8 Hr. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown, |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital | | STREET ADDRESS (If rural give location) 215 East Baltimore Street |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| CHARLOTTE | (NMN) | Kuhn | Dec. 29. 195[illegible] |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Single | Jan. 25, 195[illegible] | 3 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| None | None | Hagerstown Maryland | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Fred W. Kuhn | Bonnie Mick |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| | | None | Fred W. Kuhn |

**18. MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — IMMEDIATE CAUSE | (A) Convulsive Disorder due to Unknown Cause | 12-26-55 |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | (B) Cerebral Edema | 12-25-55 |
| DUE TO | (C) Measles - Prodromal stage | 12-27-55 |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | Terminal Pneumonitis | 12-29-55 |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐ |
|---|---|---|
| | | |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from Dec. 27, 1955, to Dec. 29, 1955, that I last saw the deceased alive on Dec. 29, 1955, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

| SIGNATURE | M.D. | ADDRESS (Street, city, town, state) | DATE SIGNED |
|---|---|---|---|
| Sidney Novenstein | | Funkstown Md | 12-30-55 |

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 1/1/56 | Rest Haven Cemetery | Hagerstown Wash Co. Md. |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| Jan. 3. 1956 | [illegible] | Andrew K. Coffman Hagerstown Md. |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12569

Item 8, Film G191 1-16-56 et 12483

# CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL-Sharpsburg
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharpsburg RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharpsburg -Rural
STREET ADDRESS (If rural give location) Sharpsburg RFD #2

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) MAYER (Last) Lyne

4. DATE OF DEATH: (Month) Dec. (Day) 20, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: March 21 1879

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 8 Days 19 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Sharpsburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Bentz Lyne

14. MOTHER'S MAIDEN NAME: Mary Ellen Lemen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSE (B) DUE TO Coronary Sclerosis — 5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Hypertensive Heart Disease — 5+ years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 .... to Dec 20, 1955 that I last saw the deceased alive on Dec 20, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE H. Wanger, M D ADDRESS Shepherdstown W.Va. DATE SIGNED 12/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Dec. 22, 1955 — NAME OF CEMETERY OR CREMATORY Elmwood Cemetery — LOCATION (City, town, or county) (State) Shepherdstown, W. Va.

DATE REC'D BY LOCAL REGISTRAR Dec 21, 1955 — REGISTRAR'S SIGNATURE E. G. Boyer

24. FUNERAL DIRECTOR Edith V. Leaf — ADDRESS Williamsport, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12433

12437 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY W shington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 North Foundry Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 119 North Foundry Street

3. NAME OF DECEASED: (First) JAMES LAWRENCE (Middle) AUGUSTA (Last) MARTIN
4. DATE OF DEATH: (Month) December (Day) 6 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: April 2, 1894
9. AGE last birthday 61 yrs IF UNDER 1 YEAR Months 8 Days 4 IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: G. M. Gehr & Sons
11. BIRTHPLACE (State or foreign country): Big Springs, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Randolph Martin
14. MOTHER'S MAIDEN NAME: Molly Russell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-24-3690
17. INFORMANT & ADDRESS: Mrs. Betty McKee Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

570.2 IMMEDIATE CAUSE (A) Mesenteric Thrombosis — 1 hr.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6, 55, to . . , 19 . . , that I last saw the deceased alive on Dec 4, 1955, and that death occurred at 2 P M, from the causes and on the date stated above.
SIGNATURE Howard A Weeks M. D. ADDRESS 136 N Potomac Hagerstown Md DATE SIGNED 12/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12/8/1955 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec 7, 1955 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

12438

# CERTIFICATE OF DEATH

12434

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

LENGTH OF STAY (In this place): 1 week

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Maryland — COUNTY: Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

STREET ADDRESS (If rural give location): 54 S. Cannon Ave.,

**3. NAME OF DECEASED** (Type or Print): (First) Veronica (Middle) Marie (Last) Martin

**4. DATE OF DEATH**: (Month) 12 (Day) 21 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| female | white | widowed | Feb. 28, 1889 | 66 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Seamstress | Wash. Co. Hospital | Albany, N. Y. | U.S.A. |

13. FATHER'S NAME: Max Laliberte

14. MOTHER'S MAIDEN NAME: Veronica Dutrizac

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| NO | | 214-09-4739 | Edward Martin Hagerstown, Md. |

**18. MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| IMMEDIATE CAUSE | (A) Cerebral Hemorrhage | Several days. |
| ANTECEDENT CAUSE(S) DUE TO | (B) Arteriosclerosis Senile Diabetes Mellitus - Diabetic Gangrene | years. |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | (C) Hypertensive Cardiovascular Disease | 2 yrs. |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | Cholecystitis, Chronic | 4 years |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐ |
|---|---|---|
| | | |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from Aug 19, 1940, to Dec 21, 1955, that I last saw the deceased alive on Dec 21, 1955, and that death occurred at 6:00 P.M. from the causes and on the date stated above.

**SIGNATURE** Fred W. Kraiss M.D. — **ADDRESS** (Street, city, town, state) Hagerstown Md. — **DATE SIGNED** 12/24/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12-24-55 | Rose Hill | Hagerstown Md. |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| Dec. 24 1955 | Chas. H. Bowers | Fred W. Kraiss Hagerstown, Md. |

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 12439 CERTIFICATE OF DEATH

12435
Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (In this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garlock Memorial Home

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Penna — COUNTY: Franklin
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chambersburg
STREET ADDRESS (If rural give location): 65 N. Federal Street

**3. NAME OF DECEASED** (Type or Print): (First) Martha (Middle) L. (Last) Miller

**4. DATE OF DEATH**: (Month) Dec. (Day) 15 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widow | 11-18-1883 | 72 yrs. | 0 | 27 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housekeeper | | Marion, Franklin Co. Pa. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Abram L. Horst | Martha Hegge |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| No | | NONE | Mrs. Geo. G. Gonder, Jr. Chamb. Pa. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSE(S) DUE TO (B):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from Aug 1, 1955, to Dec 13, 1955, that I last saw the deceased alive on Dec 1—1955, and that death occurred at 7 P.M, from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. — ADDRESS (Street, city, town, state): Hagerstown Md — DATE SIGNED: 12/26/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12-18-1955 | Marion Mennonite Cemetery | Marion, Pa. |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| DATE Dec. 16 1955 | Chas. H. Bowers | Sellers Funeral | Chambersburg, Pa. |

Dr Lloyd Hoffman

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

# 12440 CERTIFICATE OF DEATH

12436

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (in this place) 10 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

STREET ADDRESS (If rural give location) 909 Hamilton Blvd

**3. NAME OF DECEASED** (Type or Print) (First) MARY (Middle) EDITH (Last) MILLER

**4. DATE OF DEATH** (Month) December (Day) 24 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min. |
|---|---|---|---|---|---|---|
| Female | White | Single | March 6 1867 | 88 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housework | Own Home | Fayetteville Pa | U S A |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Rev Victor Miller | Mary Cath Spickler |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| No | None | Miss Matilda Miller |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Varicose Ulcers – both legs — 2 yrs

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑ |
|---|---|---|
| | | |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from Nov 8, 19 55, to Dec 24, 19 55, that I last saw the deceased alive on Dec 24, 19 55, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE Clyde A. Hoffman M.D. — ADDRESS (Street, city, town, state) 214 N Potomac st Hagerstown, Md — DATE SIGNED 12/26/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12-27-55 | St Pauls Cemetery near Clear Spring Md. | |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| Dec. 27. 1955 | Lotash Bowers | Andrew N. Coffman Hagerstown Md |

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

Cause Corrected
5/7 Robert W. Bell, M.D.
D.H.E. Wash. Co. Hosp.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

12437

Reg. Dist. No. 302

Dec. 21 '55

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 103 North Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Leora (Last) Minnebraker

4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: April 6, 1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): house wife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maugansville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles M. Dunahugh

14. MOTHER'S MAIDEN NAME: Martha Rumberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Mrs. Leora Scott, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

902.0

IMMEDIATE CAUSE (A) Intertrocanteric Fracture L. femur — 1 week

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerotic C-V disease with — 5 yrs +

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) myocardial failure

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: NA

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) Home

21C. WHERE DID INJURY OCCUR? (City or town) Hagerstown (County) (State) Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 AM 12 Dec 55 M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? fell from chair in own home

22. I hereby certify that I attended the deceased from 12/12, 1955, to 18 Dec, 1955, that I last saw the deceased alive on 17 Dec, 1955, and that death occurred at 1133A M, from the causes and on the date stated above.

SIGNATURE E F Lusby M. D. ADDRESS 230 N. Potomac DATE SIGNED 19 Dec 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 12-20-55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) Hagerstown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Dec 20, 1955 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son, Hagerstown — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12438

# 12442 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STATE: MARYLAND
LENGTH OF STAY (in this place): 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE: Va.
COUNTY: Clarke
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Berryville
STREET ADDRESS (If rural give location):

3 NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Holliday (Last) Morris

4 DATE OF DEATH. (Month) (Day) (Year): Dec. 25 1955

5 SEX: male

6 COLOR OR RACE: white

7 SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): divorced

8 DATE OF BIRTH: April 1, 1874

9 AGE last birthday: 81 yrs

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): dealer

10B KIND OF BUSINESS OR INDUSTRY: farm machinery

11 BIRTHPLACE (State or foreign country): Clarke County, Va.

12 CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME: John Morris

14 MOTHER'S MAIDEN NAME: Anne M. Enders

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16 SOCIAL SECURITY NO.:

17 INFORMANT & ADDRESS: Mrs. Idella Whipp, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSE (B) DUE TO: Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/23/55, to 12/25/55, that I last saw the deceased alive on 12/24/55, and that death occurred at 3:15 P M, from the causes and on the date stated above.

SIGNATURE: Dalton M. Welty, M.D. ADDRESS: Hagerstown DATE SIGNED: 12/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial
DATE THEREOF: 12-28-55
NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery
LOCATION (City, town, or county) (State): Berryville, Va.

DATE REC'D BY LOCAL REGISTRAR: Dec. 25 1955
REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son, Hagerstown
ADDRESS:

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12439

## 12443 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1134 Potomac Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1134 Potomac Ave.

3. NAME OF DECEASED: (First) MERTIE (Middle) EDITH (Last) MOSER

4. DATE OF DEATH: (Month) December (Day) 5 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: October 23, 1875

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months 1 Days 12 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick County Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Frey

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Renner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Leona E. Humelsine Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis
260X DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ... , 1952 to Dec. 5 ..., 1955, that I last saw the deceased alive on Dec. 4 ., 1955, and that death occurred at 5 P. M, from the causes and on the date stated above.

SIGNATURE Clark A. Hoffman M.D. ADDRESS 214 N. Potomac st. DATE SIGNED 12/6/55 Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE OF BURIAL 12/8/1955 — NAME OF CEMETERY OR CREMATORY Mt. Zion Evangelical United Brethern Cemetery — LOCATION (City, town, or county) (State) Myersville Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 7, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12484 **CERTIFICATE OF DEATH** 12440

Reg. Dist. No. 30-4

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Washington | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Maryland — LENGTH OF STAY (in this place) Life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Maryland |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 151 E. Main St Hancock Md. | STREET ADDRESS (If rural, give location) 151 E. Main St Hancock Md. |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Mollie | Viola | Myers | 12. | 16 | 1955 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | W | Widowed | 12.9.1878 | 77 yrs. | | 7 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Housewife | Washington County Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Othe Shives | Dorotha Trumpower |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | None | Mrs Dolly M Deneen 151 E. Main St Hancock Md. |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) The Influenza | 2 or 3 weeks |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Pneumonia | 10 D A |
| | (c) Arteriosclerosis | 4 yr |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 12.3.0, 19..., to Dec 9, 19.55, that I last saw the deceased alive on Dec 9, 19.55, and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE A. Weaver (Degree or title) M.D. ADDRESS 14 E. Main St DATE SIGNED

| BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12.19. | St Thomas Episcopal Cemetery | Hancock Washington Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 12-19-55 | J. H. Keller | Howard P. Stone | Hancock Md. |

12441

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12444

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): Hagerstown #2

3. NAME OF DECEASED (Type or Print): (First) George (Middle) A. (Last) Patterson
4. DATE OF DEATH: (Month) Dec. (Day) 31, (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 15, 1917
9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Truck Farmer
11. BIRTHPLACE (State or foreign country): Waynesboro, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George W. Patterson
14. MOTHER'S MAIDEN NAME: Emma M. Patterson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1/2-1945
16. SOCIAL SECURITY NO.: 204 44 3996
17. INFORMANT AND ADDRESS: Mrs Helen Patterson Hagerstown R#2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Cerebral Thrombosis (left side) — Interval Between Onset and Death: 8 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NMP

19a. DATE OF OPERATION: NMP
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Dec, 1955, to 31 Dec, 1955, that I last saw the deceased alive on 31 Dec, 1955, and that death occurred at 11 59 P m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
F F Lusby MD 230 N Potomac 2 Jan 56

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 1/4/56
NAME OF CEMETERY OR CREMATORY: Rose Hill
LOCATION (City, town, or county) (State): Mt. Alto, Franklin Pa.
DATE REC'D BY LOCAL REG.: Jan 3, 1956
REGISTRAR'S SIGNATURE: Knauft Bowers
24. FUNERAL DIRECTOR ADDRESS: Walter J Grove, Waynesboro Pa

VS. A15

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Cohen

12485 **CERTIFICATE OF DEATH**

12442

Reg. Dist. No. 303

**1. PLACE OF DEATH**

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearsprings

LENGTH OF STAY (in this place) 50 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearsprings

STREET ADDRESS (If rural give location) Main St.

**3. NAME OF DECEASED** (Type or Print) (First) GEORGE (Middle) THOMAS (Last) PRATHER

**4. DATE OF DEATH** (Month) (Day) (Year) Dec 26 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | May 14 1866 | 89 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Merchant | Retired | Clearsprings Md. | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Perry T. Prather | Annie E. Mason |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| No | ---------- | None | Dr Perry F. Pratner |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CORONARY ARTERY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 5 MINUTES

ANTECEDENT CAUSE(S) DUE TO (B) ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. NONE

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| NONE | | YES ☐ NO ☐ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from ~~DEC. 26~~ to DEC 26, 19 55, that I last saw the deceased alive on DEC. 26, 1955 and that death occurred at 11-25 P.M. from the causes and on the date stated above.

SIGNATURE Charles Robert Cohen M.D. ADDRESS (Street, city, town, state) CLEAR SPRING, MARYLAND DATE SIGNED DEC. 28, 1955

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/28/55 | St Pauls Cemetery near | Clear Springs Md. Washington Co |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| Dec 31-55 | Joseph W. Murray | Andrew K. Coffman Hagerstown Md. |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12443

12445 CERTIFICATE OF DEATH Reg. Dist. No. 303

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md. LENGTH OF STAY (in this place) 30 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
STREET ADDRESS (If rural give location) 233 Belview Ave.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Lansing (Last) Preston

4. DATE OF DEATH: (Month) Dec. (Day) 22, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: July 20 1881

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 5 Days 1 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Labor

10B. KIND OF BUSINESS OR INDUSTRY: Junk Dealer

11. BIRTHPLACE (State or foreign country): Williamsport Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Preston

14. MOTHER'S MAIDEN NAME: Mary Reeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 220-09-9251

17. INFORMANT & ADDRESS: Mr. [illegible] C Preston Williamsport Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myasthenia gravis — INTERVAL BETWEEN ONSET AND DEATH: 18 yrs

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized arteriosclerosis

19A. DATE OF OPERATION: Dec. 7, 1955

19B. MAJOR FINDINGS OF OPERATION: Inguinal hernia, direct

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from About 15 years, 12/22/55, that I last saw the deceased alive on Dec 22, 1955 and that death occurred at 11:10 A.M., from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS 100 Professional Arts Bldg. DATE SIGNED 12/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Dec. 26-55 | NAME OF CEMETERY OR CREMATORY: Riverview Cemetery | LOCATION (City, town, or county) (State): Williamsport Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 24, 1955 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Edith V. Leaf Williamsport Md.

12444

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12446 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN; LENGTH OF STAY (in this place) 8 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MAPLEVILLE; STREET ADDRESS (If rural give location) MAIN ST.

3. NAME OF DECEASED: (First) CLARA (Middle) MAE (Last) REESE

4. DATE OF DEATH: (Month) (Day) (Year) DECEMBER 10 1955

5. SEX: FEMALE 6. COLOR OR RACE: WHITE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED 8. DATE OF BIRTH: JUNE 4 1897 9. AGE last birthday: 58 6 6 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE 10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME 11. BIRTHPLACE (State or foreign country): HAGERSTOWN WASH. Co. MD. U.S.A. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES E. MARKER 14. MOTHER'S MAIDEN NAME: SARAH ELLEN HARSHMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. NONE 17. INFORMANT & ADDRESS: HOWARD E. REESE MAPLEVILLE MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584X IMMEDIATE CAUSE (A) Acute Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 4 Hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Cholecystectomy & Herniaplasty Dec 7 1955

(C) Cholelithiasis Ambilical Hernia — Dec 2 1955

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Dec 7 1955 19B. MAJOR FINDINGS OF OPERATION: Cholelithiasis Ambilical Hernia

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1955, to Dec 10, 1955, that I last saw the deceased alive on Dec 10, 1955, and that death occurred at 5:40 M, from the causes and on the date stated above.

SIGNATURE G G Kohler M. D. ADDRESS Smithsburg md DATE SIGNED 12/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Dec. 13. 1955 — NAME OF CEMETERY OR CREMATORY CHURCH OF THE BRETHREN CEMETERY — LOCATION (City, town, or county) BEAVER CREEK MD (State)

DATE REC'D BY LOCAL REGISTRAR Dec 12 1955 — REGISTRAR'S SIGNATURE Chas H Bowers — 24. FUNERAL DIRECTOR Wm. F. Bast and Sons — ADDRESS Boonsboro MD

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12447

# 12445 CERTIFICATE OF DEATH

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

LENGTH OF STAY (In this place) 3 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 411 Reynolds Ave.

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

STREET ADDRESS (If rural give location) 411 Reynolds Ave.

**3. NAME OF DECEASED** (Type or Print) (First) JACOB (Middle) FRANKLIN (Last) REID

**4. DATE OF DEATH** (Month) December (Day) 11, (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | June 21, 1883 | 72 yrs. | 5 | 20 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired caretaker | Hag. City Park | Benevola, Maryland | U.S.A. |

13. FATHER'S NAME: Jacob R. Reid

14. MOTHER'S MAIDEN NAME: Helen Artz

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| | 723-12-9247 | Mrs. Amelia Reid Hagerstown, Maryland |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma Pancreas — INTERVAL BETWEEN ONSET AND DEATH 6 mo

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | YES ☐ NO ☑ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from 8-1-1955, to 12-11-1955, that I last saw the deceased alive on 12-11-1955, and that death occurred at 7 A.M. from the causes and on the date stated above.

SIGNATURE C. M. Suter M.D. — ADDRESS (Street, city, town, state) Hagerstown — DATE SIGNED 12/14/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/14/1955 | Rest Haven Cemetery | Hagerstown, Maryland |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| Dec. 12, 1955 | Edgar H. Bowers | C. M. Suter & Sons | Hagerstown, Maryland |

1

2.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 12448 CERTIFICATE OF DEATH

12446

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY WASHINGTON — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HAGERSTOWN

LENGTH OF STAY (in this place): 10 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON COUNTY HOSPITAL

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE MARYLAND COUNTY WASHINGTON

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HAGERSTOWN

STREET ADDRESS (If rural give location): 46 S. CANNON AVE.

**3. NAME OF DECEASED** (Type or Print): (First) ALICE (Middle) MATILDA (Last) RHODES

**4. DATE OF DEATH** (Month) DEC. (Day) 13 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| FEMALE | WHITE | MARRIED | 5/21/1909 | 46 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| LEATHER WORKER | HAG. LEATHER CO. | MARYLAND | U.S.A. |

13. FATHER'S NAME: D. LESLIE BURKETT

14. MOTHER'S MAIDEN NAME: GRACE WOLFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 203-10-4989

17. INFORMANT & ADDRESS: MR. GEORGE F. RHODES HAGERSTOWN RT. #3 MD.

**18. MEDICAL CERTIFICATION**

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| IMMEDIATE CAUSE | (A) | Carcinomatosis | unknown |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | DUE TO (B) | Carcinoma of the breast, right | 18 months |
| | DUE TO (C) | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | none | |

19a. DATE OF OPERATION July 1, 1954

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the breast, right

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

**22. I hereby certify** that I attended the deceased from June 28 19 54 to Dec. 13 19 55, that I last saw the deceased alive on Dec. 13, 19 55, and that death occurred at 12-25 PM, from the causes and on the date stated above.

SIGNATURE: Charles Robert Cohen M. D.

ADDRESS (Street, city, town, state): Clear Spring, Maryland

DATE SIGNED: 12-14-55

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | 12/15/55 | ST. PAULS CH. CEM. | WASINGTON CO. MD. |

24. REC'D BY REGISTRAR DATE Dec 16 1955

REGISTRAR'S SIGNATURE: Chas H Bowers

25. FUNERAL DIRECTOR'S SIGNATURE: W. J. Norcutt ADDRESS: Hagerstown, Md.

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

12447

12449

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY WASHINGTON; CITY OR TOWN HAGERSTOWN; LENGTH OF STAY (In this place) LIFE; HOSPITAL OR INSTITUTION OR STREET ADDRESS 712 MEDWAY RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; STREET ADDRESS (If rural, give location) 712 MEDWAY RD.

3. NAME OF DECEASED (Type or Print): (First) JUDY (Middle) ANN (Last) RICKETT

4. DATE OF DEATH: (Month) DEC. (Day) 15 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 1/22/1955

9. AGE Last birthday: yrs. If under 1 year: Months 11; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10b. KIND OF BUSINESS OR INDUSTRY: INFANT

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NORMAN RICHARD RICKETT

14. MOTHER'S MAIDEN NAME: PHYLLIS NAZELROD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MR. NORMAN R. RICKETT HAGERSTOWN MD.

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute broncho-pneumonia — Interval between onset and death: 12/hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Measles

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none

(CITY OR TOWN): - (COUNTY): - (STATE): -

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree or Title) DEPUTY MEDICAL EXAMINER WASH. CO., MD. ADDRESS S. Robert Wells, M.D- 115 N. Potomac St DATE SIGNED 12-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 12/19/55; NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery; LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Dec. 16. 1955; REGISTRAR'S SIGNATURE: Thomas H. Bowers

24. FUNERAL DIRECTOR: W. J. Norbeck; ADDRESS: Hagerstown, Md.

12450

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 12448

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS City Jail

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 418 W. Antietam St.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Ralph (Last) Robinson

4. DATE OF DEATH (Month) Dec. (Day) 10 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Apr. 22, 1918

9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mercersburg, Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bishop Robinson

14. MOTHER'S MAIDEN NAME: Bessie Mae Straley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 204-01-9763

17. INFORMANT & ADDRESS: Bishop Robinson, Mercersburg, Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Asphyxia by hanging — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-10-55 9:58 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE S. Robert Wells M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Dec. 10-55

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF 12-13-55

NAME OF CEMETERY OR CREMATORY Fairview Cemetery

LOCATION (City, town, or county) (State) Mercersburg, Penna.

DATE REC'D BY LOCAL REG. Dec. 12 1955

REGISTRAR'S SIGNATURE Wm. H. Powers

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12449

# 12486 CERTIFICATE OF DEATH

Reg. Dist. No. 303

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X CLEAR SPRING
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS MURRY ST

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CLEAR SPRING X
STREET ADDRESS (If rural give location) MURRY ST.

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) (Last) ROBINSON

4. DATE OF DEATH. (Month) I2 (Day) I5 (Year) 19 55

5. SEX MAL. 6. COLOR OR RACE WHITE 7. SINGLE MARRIED WIDOWED, DIVORCED. (Specify) WIDOWED

8 DATE OF BIRTH: [illegible] 5, 1875

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR

10B KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ADAM G. ROBINSON

14. MOTHER'S MAIDEN NAME: MARY C. [illegible]

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: CHARLES ROBINSON RT I CLEAR SPRING

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (B) DUE TO Acute Bronchitis — 2 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1955, to Dec. 15, 1955, that I last saw the deceased alive on Dec. 14, 1955, and that death occurred at 12 M, from the causes and on the date stated above.

SIGNATURE David R Brewer M. D. ADDRESS Clear Spring Md DATE SIGNED 12/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 12/17/55 — NAME OF CEMETERY OR CREMATORY ST PAULS CEMETERY — LOCATION (City, town, or county) (State) CLEAR SPRING, [illegible]

DATE REC'D BY LOCAL REGISTRAR Dec 16-1955 — REGISTRAR'S SIGNATURE Joseph W. Murray

24. FUNERAL DIRECTOR ALTA H. [illegible] — ADDRESS CLEAR SPRING

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12451

# CERTIFICATE OF DEATH

12450

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

LENGTH OF STAY (in this place) 62 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 330 N. Mulberry St.,

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

STREET ADDRESS (If rural give location) 330 N. Mulberry St.,

**3. NAME OF DECEASED** (Type or Print) (First) John (Middle) H (Last) Rohrer

**4. DATE OF DEATH** (Month) 12 (Day) 21 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | married | Sept. 30, 1874 | 81 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| retired caretaker | City Park | Sharpsburg, Md. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William H. Rohrer | Barbara Ellen Domer |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| No | 220-28-8872 | William H. Rohrer Hagerstown, Md. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH—

IMMEDIATE CAUSE (A) Arterio sclerotic Heart Disease with — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs +

ANTECEDENT CAUSE(S) DUE TO (B) Myocardial failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH None

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from Sept 1, 1955, to Dec 21, 1955, that I last saw the deceased alive on 20 Dec, 1955, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE F F Rusby M.D. — ADDRESS (Street, city, town, state) 230 N Potomac — DATE SIGNED 22 Dec 55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12-24-55 | Rose Hill | Hagerstown Md. |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| DATE Dec. 24, 1955 | Edith H Bowers | Fred W. Kraiss Hagerstown, Md. |

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

12451

12452

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY WASHINGTON — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

LENGTH OF STAY (In this place) 35 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE MARYLAND COUNTY WASHINGTON

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

STREET ADDRESS (If rural give location) 109½ W. FRANFLIN ST.

**3. NAME OF DECEASED** (Type or Print) (First) DOROTHY (Middle) KATHRYN (Last) RUBECK (DOYLE)

**4. DATE OF DEATH** (Month) DEC. (Day) 26 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| FEMALE | WHITE | MARRIED | 11/24/1880 | 75 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| HOUSEWIFE | HOME | MARYLAND | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| WILLIAM BEAR | LEVERNA ROBEY |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| NO | NONE | MR. RALPH RUBECK HAGERSTOWN MD. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

I(a). IMMEDIATE CAUSE (A) Coronary Thrombosis — 1 Day

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I attended the deceased from 12/25/55, 19..... to 12/26/55, 19....., that I last saw the deceased alive on 12/26/55, 19....., and that death occurred at 3:40 A.M. from the causes and on the date stated above.

SIGNATURE Calvin F. Young M.D. ADDRESS (Street, city, town, state) 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 12/27/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | 12/29/55 | ROSE HILL CEM. | HAGERSTOWN, MD. |

| 24. REC'D BY REGISTRAR DATE Dec. 29, 1955 | REGISTRAR'S SIGNATURE Chas. H. Powers | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. J. Norment, Hagerstown, Md. |
|---|---|---|

MARYLAND STATE DEPARTMENT OF HEALTH

12453

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

12452

Reg. Dist. No. 402

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSVILLE
STREET ADDRESS (If rural, give location) MAIN ST.

3. NAME OF DECEASED (Type or Print): (First) LEWIS (Middle) W. (Last) DEALER

4. DATE OF DEATH (Month) DECEMBER (Day) 21 (Year) 19-5

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: SEPT. 16, 1880

9. AGE last birthday: 75 yrs. 3 mos. — If under 1 year: Days — If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): FREDERICK CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CLAYTON DEALER

14. MOTHER'S MAIDEN NAME: SYRIA WARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 220-09-7181-A

17. INFORMANT AND ADDRESS: MRS. NAOMI FOOSE BOONSVILLE MD.

### 18. MEDICAL CERTIFICATION

| | | | Interval Between Onset and Death |
|---|---|---|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| 442 X Immediate cause | (a) | Valvular arterio sclerotic myocardial heart disease | 5 yrs |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | with myocardial failure grade iv | |
| | (c) | Vascular hypertension | |
| | | Chr. Glomerular nephritis | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? -

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓ Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Robert Wells M.D. DEPT. MEDICAL EXAMR. WASH. CO. 115 N. Potomac St- Hagerstown, Md. 12-23-55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 12-24-55 — NAME OF CEMETERY OR CREMATORY HIGH ST. METH. CEMETERY — LOCATION (City, town, or county) (State) BOONSVILLE MD.

DATE REC'D BY LOCAL REG. 12-23-55 — REGISTRAR'S SIGNATURE Thaddeus Howard

24. FUNERAL DIRECTOR — ADDRESS WM. F. BAETZEL & SON — BOONSBORO MD.

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

# 12457 CERTIFICATE OF DEATH

12453
Reg. Dist. No. 303

**1. PLACE OF DEATH**

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Clearspring

LENGTH OF STAY (in this place): 7 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main Street

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Maryland — COUNTY: Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Clearspring

STREET ADDRESS (If rural give location): Main Street

**3. NAME OF DECEASED** (Type or Print): (First) Russell (Middle) Clay (Last) Seibert

**4. DATE OF DEATH** (Month) 12 (Day) 17 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR | | IF UNDER 24 HRS | |
|---|---|---|---|---|---|---|---|---|
| | | | | | Months | Days | Hours | Min. |
| male | white | widowed | Dec. 31, 1891 | 63 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| tube finisher | Fairchilds | Franklin County, Penna. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Henry Seibert | Cora Seiss |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| no | 212-14-6806 | Mrs. Helen Hull Clearspring, Md. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B):
DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: none

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| none | | YES ☐ NO ☐ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from March 11 1955, to Dec. 17, 1955, that I last saw the deceased alive on Dec. 16, 1955, and that death occurred at 5.35a M, from the causes and on the date stated above.

SIGNATURE: Charles Robert Cohen M.D. — ADDRESS (Street, city, town, state): Clear Spring, Md. — DATE SIGNED: 12-18-55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| burial | 12-20-55 | St. Pauls | Western Pike Hagerstown, Md. |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| Dec 19-1955 | Joseph W. Murray | Adrian H. Rowland Adrian H. Rowland | Rural |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12454

12438 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: Washington
COUNTY _____ MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN X Smal Hagerstown
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smal Hagerstown X 1
STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED: (Type or Print) (First) Turner (Middle) Dolan (Last) Shenk

4. DATE OF DEATH (Month) Dec (Day) 2 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct. 9, 1884

9. AGE last birthday: 71 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Luray Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: [illegible] D. Shenk

14. MOTHER'S MAIDEN NAME: Annabelle Batman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service.)

16. SOCIAL SECURITY NO. 205-10-7358

17. INFORMANT & ADDRESS: Mrs. Lucy V. Shenk [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 4210 — (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Arteriosclerotic Heart Disease with Coronary Sclerosis — 7 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 49 to Dec. 2, 1955, that I last saw the deceased alive on Nov. 7, 1955, and that death occurred at 6 P. M. from the causes and on the date stated above.

SIGNATURE B. B. Shenk M.D. ADDRESS Hagerstown, Md. DATE SIGNED Dec. 5, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12-6-55 — NAME OF CEMETERY OR CREMATORY Rosedale Cemetery — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 6, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott D. [illegible] ADDRESS [illegible] Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Kohler 12455

12439

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**1. PLACE OF DEATH**

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chewsville

LENGTH OF STAY (in this place) 30 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Chewsville-Leitersburg Road

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chewsville

STREET ADDRESS (If rural give location) Chewsville-Leitersburg Road

**3. NAME OF DECEASED** (Type or Print) (First) WILLIAM (Middle) WALTER (Last) SHILLING

**4. DATE OF DEATH** (Month) Dec (Day) 30 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Widower | Dec 7 1865 | 90 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farmer- Owner Retired | | Chewsville Wash. Co. Md | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| John H. Shilling | Barbara Cooper |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| NO | ———— | None | Paul U. Shilling |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| X IMMEDIATE CAUSE | (A) | Cerebral Hemorrhage | 24 hrs |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | DUE TO (B) | Aortic Arteriosclerosis | 10 yrs |
| | DUE TO (C) | Generalized Arterio-Sclerosis | 15 yrs |

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐ |
|---|---|---|
| | | |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from June 15, 1955 to Dec 30 1955, that I last saw the deceased alive on Dec 30, 1955, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE M.D. P. G. Kohler — ADDRESS (Street, city, town, state) Smithsburg Md — DATE SIGNED 12/31/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 1/3/56 | Smithsburg Cemetery | Smithsburg Wash. Co. Md |

| 24. RECD BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| Jan. 3, 1956 | Ethel H. Bowers | Andrew K. Corfman | Hagerstown Md |

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 12454 CERTIFICATE OF DEATH

12570

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

LENGTH OF STAY (In this place): 20yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 432 Cook Street

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Maryland — COUNTY: Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

STREET ADDRESS (If rural give location): 432 Cook Street

**3. NAME OF DECEASED** (Type or Print): (First) Lulu (Middle) Orpha (Last) Sivits

**4. DATE OF DEATH** (Month) Dec. (Day) 31 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widow | Jan. 6, 1891 | 64 yrs. | 11 | 5 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Hagerstown, Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| George Shantz, Sr. | Bessie Linebaugh |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| NO | NONE | Geo. Shantz, Hagerstown, Md. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B):

DUE TO (C): Pulmonary Tuberculosis — 6 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 0 | | YES ☐ NO ☐ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from June 1, 1954, to Dec. 31, 1955, that I last saw the deceased alive on Dec. 31, 1955, and that death occurred at 8:10 P.M. from the causes and on the date stated above.

| SIGNATURE | M.D. | ADDRESS (Street, city, town, state) | DATE SIGNED |
|---|---|---|---|
| Robert P. Coons, MD | | Hagerstown, Md | 1-3-56 |

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 1-3-1956 | Rest Haven Cemetery | Hagerstown, Maryland |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| Jan. 4, 1956 | Edith Bowers | C. H. Suter & Sons, Hagerstown, Md. |

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12499

# CERTIFICATE OF DEATH

Reg. Dist. No. 12456 3 06

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cavetown
LENGTH OF STAY (in this place) 41 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cavetown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ellen (Last) Snyder

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 19 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 20, 1881

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Cavetown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Waltz

14. MOTHER'S MAIDEN NAME: Clara Poffenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Harry C. Snyder, Cavetown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Hypertension — 6 yrs

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1949, to Dec 19, 1955, that I last saw the deceased alive on Dec 18, 1955, and that death occurred at 4:45 A M, from the causes and on the date stated above.

SIGNATURE Robert P. Conrad, M. D. ADDRESS Hagerstown, Md DATE SIGNED 12-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial — DATE THEREOF: 12-21-55 — NAME OF CEMETERY OR CREMATORY: Smithsburg Cemetery — LOCATION (City, town, or county) (State): Smithsburg, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 23-55 — REGISTRAR'S SIGNATURE: Geo K Ferguson

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Smithsburg

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

12401

# CERTIFICATE OF DEATH

12457

Reg. Dist. No. 305

**1. PLACE OF DEATH**

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Boonsboro

LENGTH OF STAY (In this place): 3 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Reeder Nursing Home

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Maryland — COUNTY: Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Boonsboro

STREET ADDRESS (If rural give location): Main

**3. NAME OF DECEASED** (Type or Print): (First) Emma (Middle) (Last) Spielman

**4. DATE OF DEATH**: (Month) 12 (Day) 29 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS: Hours / Min. |
|---|---|---|---|---|---|---|
| female | white | single | Sept. 9, 1880 | 75 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| retired | Troy Laundry | Hagerstown, Md. | U.S.A. |

13. FATHER'S NAME: Jacob Spielman

14. MOTHER'S MAIDEN NAME: Margaret McCrory

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| NO | 214-09-6630 | Mrs. Harlan Thum Hagerstown, Md. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A): Generalized arterio sclerosis

ANTECEDENT CAUSE(S) DUE TO (B): Arterio sclerotic myocardial heart disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Osteoarthritis deformans

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | | YES ☐ NO ☑ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MED CAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | none | - |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| none M. | | - |

Note: Family Dr. Gerald LeVan - out of town

**22. I hereby certify** that I attended the deceased from ..... 19..... to ..... 19....., that I last saw the deceased alive on ..... 19..... and that death occurred at 1:20 AM, from the causes and on the date stated above.

SIGNATURE: S. Robert Wells M.D. — ADDRESS (Street, city, town, state): 115 N. Potomac St- Hagerstown, Md — DATE SIGNED: 12-30-55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12-31-55 | Rose Hill Cemetery | Hagerstown, Md. |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| DATE Jan 1. 1956 | John W. Leal | Fred W. Kraiss Hagerstown, Md. |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12455

# CERTIFICATE OF DEATH

12458

Reg. Dist. No. 302

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**1. PLACE OF DEATH**

COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
MARYLAND — LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9 DUNN IRVIN DRIVE

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: MARYLAND COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
STREET ADDRESS (If rural give location): 9 DUNN IRVIN DRIVE

**3. NAME OF DECEASED** (Type or Print): EMMA (First) KATHRYN (Middle) STAHL (Last)

**4. DATE OF DEATH** (Month) (Day) (Year): DEC. 30, 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min. |
|---|---|---|---|---|---|---|
| FEMALE | WHITE | MARRIED | 5/16/1881 | 74 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| HOUSEWIFE | HOME | MARYLAND | U.S.A. |

13. FATHER'S NAME: SILAS WOLFENSBERGER

14. MOTHER'S MAIDEN NAME: EVALINE KUHN

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| NO | NOME | MRS. CALVIN HOFFMAN HAGERSTOWN MD. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE | (A) Coronary Thrombosis | 3 days |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | (B) Arteriosclerotic Heart Disease | 15 yrs |
| DUE TO | (C) | |

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Diabetes Mellitus

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | YES ☐ NO ☑ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from 12 4 6, 19__, to Dec. 30, 19 55, that I last saw the deceased alive on Dec. 30, 19 55, and that death occurred at 6:15 P.M., from the causes and on the date stated above. 12/31/55

SIGNATURE: Lloyd A. Hoffman M.D. — ADDRESS (Street, city, town, state): 214 N. Potomac St. Hagerstown, Md. — DATE SIGNED

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | 1/2/56 | SALEM REFORMED CHURCH | WASHINGTON CO. MD. |

| 24. RECD BY REGISTRAR DATE: | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| Jan. 3, 1956 | Chas. H. Boewer | W. T. Norment, Hagerstown, Md. |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12459

12492 CERTIFICATE OF DEATH Reg. Dist. No. 303

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Clear Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Clear Spring, Md. X
STREET ADDRESS (If rural give location) Near Clear Spring, Md.

3. NAME OF DECEASED: (Type or Print) (First) Cecil (Middle) Paul (Last) Starliper

4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1955

5. SEX Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jan. 6, 1886

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months 11 Days Hours Min. IF UNDER 24 HRS.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Engineer

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Wash. co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Starliper

14. MOTHER'S MAIDEN NAME: Mary Mason Starliper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Rubie Starliper 210 Hager St Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 331X IMMEDIATE CAUSE | (A) Cerebral Hemorrhage | Sudden |
| ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | DUE TO (B) Previous Cerebral Hemorrhage | 5 yrs. |
| | DUE TO (C) Arterial Sclerosis | 6 yrs. |

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953 to Dec. 5, 1955 that I last saw the deceased alive on Dec. 4, 1955 and that death occurred at 3.a. M, from the causes and on the date stated above.

SIGNATURE David R. Brewer M. D. ADDRESS Clear Spring Md. DATE SIGNED 12/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Dec. 7, 1955 NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery LOCATION (City, town, or county) Washington Co. Md. (State)

DATE REC'D BY LOCAL REGISTRAR 12/7/55 REGISTRAR'S SIGNATURE Joseph W. Murray

24. FUNERAL DIRECTOR Adrian H. Rowland ADDRESS Clapp, Md.

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12456

12460

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

LENGTH OF STAY (in this place): 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garlock Memorial Home

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Maryland — COUNTY: Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

STREET ADDRESS (If rural give location): 721 West Washington Street

**3. NAME OF DECEASED** (Type or Print): (First) EDWARD (Middle) STANHOPE (Last) STARTZMAN

**4. DATE OF DEATH**: (Month) December (Day) 3 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min |
|---|---|---|---|---|---|---|---|---|
| Male | White | Single | August 29, 1881 | 74 yrs. | 3 | 4 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Grocery Merchant | Owned own Store | Hagerstown, Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Amar Startzman | Anna White |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| no | | 218-30-8983 | Charles Startzman Hagerstown, Maryland |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 421.4 IMMEDIATE CAUSE | (A) acute broncho pneumonia | 48 hrs |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | DUE TO (B) arterio sclerotic myocardial valvular heart disease | 15 yrs |
| | DUE TO (C) | |

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: ulcerative colitis — 20 yrs.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | - | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | none | - - - |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| none M. | | - |

**22. I hereby certify** that I attended the deceased from 7-6 ..., 1937, to Dec. 3, 1955, that I last saw the deceased alive on Dec. 3, 1955, and that death occurred at 6.35 P.M. from the causes and on the date stated above.

SIGNATURE: S. Robert Wells, M D — ADDRESS (Street, city, town, state): 115 N. Potomac Street-Hagerstown, Md — DATE SIGNED: 12-5-55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/6/1955 | Rose Hill | Hagerstown Maryland |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| Dec. 5, 1955 | Charles Bowers | C. M. Suter & Sons Hagerstown, Maryland |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12457

# CERTIFICATE OF DEATH

12461

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
   COUNTY: Washington
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
   LENGTH OF STAY (in this place): 50 years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
   STATE: Md. COUNTY: Washington
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
   STREET ADDRESS (If rural give location): 433 Elizabeth Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lloyd (Middle) Homer (Last) Stouffer

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec. 21, 1893

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Night Watchman

10B. KIND OF BUSINESS OR INDUSTRY: Club

11. BIRTHPLACE (State or foreign country): Fiddlersburg Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Stouffer

14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): ---

16. SOCIAL SECURITY NO: 214-09-2969

17. INFORMANT & ADDRESS: Mrs. Evelyn Stouffer Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

587.0

IMMEDIATE CAUSE (A) Pancreatitis, acute. — INTERVAL BETWEEN ONSET AND DEATH: 12-18 hrs

ANTECEDENT CAUSE (S) DUE TO: Pneumonia, at upper lobe — 24 hrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO: Coronary sclerosis — Indefinite

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: None.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY: (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1954 to Dec 27, 1955 that I last saw the deceased alive on 12-26-1955, and that death occurred at 24 M. from the causes and on the date stated above.

SIGNATURE: Robert T. Leadle, M. D. ADDRESS: Hagerstown DATE SIGNED: 12-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 12-29-55 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 29, 1955 | REGISTRAR'S SIGNATURE: Elbert H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son | ADDRESS: Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12462

12433 CERTIFICATE OF DEATH Reg. Dist. No. 306

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Smithburg
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Smithburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Stull (Last)

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: 1-1-1880

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Harry Stull

14. MOTHER'S MAIDEN NAME: Catherine Rock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Henry Earley, Smithburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C) Generalized Cortico-sclerosis — 15 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 28, 1955 to Dec 29, 1955 that I last saw the deceased alive on Dec 29, 1955, and that death occurred at 1245 M, from the causes and on the date stated above.

SIGNATURE & M.D. H G Kohler ADDRESS Smithburg DATE SIGNED 12/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1-1-1956 — NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery — LOCATION (City, town, or county) (State) Quincy, Pa

DATE REC'D BY LOCAL REGISTRAR 12-30-1955 — REGISTRAR'S SIGNATURE Leo W. Ferguson

24. FUNERAL DIRECTOR — ADDRESS Gladhill Co., Middletown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12463

# CERTIFICATE OF DEATH

12458 Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 46 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 916 Salem Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 916 Salem Ave.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) WALTER (Last) SULLIVAN

4. DATE OF DEATH: (Month) December (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 13, 1877

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months 9 Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Yard Conductor

10B. KIND OF BUSINESS OR INDUSTRY: Western Maryland R.R.

11. BIRTHPLACE (State or foreign country): Londenary Township, Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Elijah Alexander Sullivan

14. MOTHER'S MAIDEN NAME: Susan Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Hattie L. Sullivan Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5-10 min.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Coronary arteriosclerosis — Indef.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1955 to 12/15 ....., 1955, that I last saw the deceased alive on ..... ....., 19 .., and that death occurred at 2:00 P M, from the causes and on the date stated above.

SIGNATURE Paul Harrison M.D. 318 N. Potomac ADDRESS Hagerstown Md. DATE SIGNED 12/16/55

Paul Harrison MD

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12/17/1955 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec 16 1955 — REGISTRAR'S SIGNATURE Thos. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons — ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12464

12494 **CERTIFICATE OF DEATH** Reg. Dist. No. 301

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Williamsport
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Md. RFd #1

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural give location) Williamsport Md. RFD #1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Taylor

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 19 55

5. SEX: Male

6 COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 20, 1890

9. AGE last birthday IF UNDER 1 YEAR Months 3 Days 6 IF UNDER 24 HRS. Hours Min. 65 yrs.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retd Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Williamsport Md. RFd #1

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Allen Taylor

14. MOTHER'S MAIDEN NAME: Martha Trone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16 SOCIAL SECURITY No 219-12-0452

17. INFORMANT & ADDRESS: Mr. Fred Taylor RFD #1 Williamsport Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Complete Heart block — 6 months
DUE TO (C) Arteriosclerotic Heart Disease — 1 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5 '55, to 26 Dec, 19 55, that I last saw the deceased alive on 17 Dec, 1955., and that death occurred at 5:15 P M, from the causes and on the date stated above.

SIGNATURE Chas Hoffman M.D. ADDRESS Williamsport, Md DATE SIGNED 27 Dec 55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Bruail
DATE THEREOF Dec. 29-55
NAME OF CEMETERY OR CREMATORY Manor Cemetery
LOCATION (City, town, or county) (State) Near Tilghmanton Md.

DATE REC'D BY LOCAL REGISTRAR Dec 28-1955
REGISTRAR'S SIGNATURE E Lee McElroy
24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport Md.

# MARYLAND STATE DEPARTMENT OF HEALTH

12465

2411 N. Charles Street, Baltimore

12459

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

Item 3 See: Birth Cert. et

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural, give location) 41 W. Salisbury, St.

3. NAME OF DECEASED (Type or Print): (First) Jeffery (Middle) Allan (Last) [illegible]

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 12-2-55

9. AGE last birthday: yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours 8, Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gerald Eugene Thomas

14. MOTHER'S MAIDEN NAME: Nancy Lee Hay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/2/55, 19..., to 12/3/55, 19..., that I last saw the deceased alive on 12/3/55, 19..., and that death occurred at 1:25 a.m., from the causes and on the date stated above.

SIGNATURE: Ralph Eugene Williamsport Md 12/4/55

(Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF: Burial

NAME OF CEMETERY OR CREMATORY: Rosedale

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: Dec. 6, 1955

REGISTRAR'S SIGNATURE: Ethel H. Beavers

24. FUNERAL DIRECTOR

ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

12460

# CERTIFICATE OF DEATH

12466

Reg. Dist. No. 302

**1. PLACE OF DEATH**

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown, Md.

LENGTH OF STAY (In this place): 31 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 422 N. Jonathan Street,

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Maryland — COUNTY: Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown Maryland

STREET ADDRESS (If rural give location): 422 N. Jonathan Street

**3. NAME OF DECEASED** (Type or Print): (First) Minnie (Middle) Jamima (Last) Weather

**4. DATE OF DEATH**: (Month) 12 (Day) 8 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| Female | Colored | Married | Mar 10 1885 | 70 yrs. | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Philip Brewer

14. MOTHER'S MAIDEN NAME: Anna Frances

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs Beatrice Lewis 422 N Jonathan

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE(S) DUE TO (B): Hypertension and Arteriosclerotic Heart Disease — 15 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C): Diabetes mellitus — 1 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

**22. I hereby certify** that I attended the deceased from March 3rd 1941 to Dec 8th 1955, that I last saw the deceased alive on Dec 3 1955, and that death occurred at 7A M. from the causes and on the date stated above.

SIGNATURE: [signature] M.D. — ADDRESS (Street, city, town, state): Hagerstown Md — DATE SIGNED: 12/10/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12-11-1955 | Queen Chapel Cemetery | Mirkirk, Maryland |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| DATE Dec 12 1955 | Chas H Boward | John R Watson Jr. | Hagerstown Md |

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within [redacted] after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

12467

12435

# CERTIFICATE OF DEATH

Reg. Dist. No. 304

**1. PLACE OF DEATH**

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Hancock

LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Maryland — COUNTY: Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Hancock

STREET ADDRESS (If rural give location): Rural 2 Hancock Md.

**3. NAME OF DECEASED** (Type or Print): (First) Benjamin (Middle) Roy (Last) Weller

**4. DATE OF DEATH**: (Month) 12 (Day) 20 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | Widowed | 9.30.1881 | 74 yrs. | 2 | 20 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farming | Farming | Maryla nd | U.S. |

13. FATHER'S NAME: Hiram Weller

14. MOTHER'S MAIDEN NAME: Adeline Fritz

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| No | | None | Ray Weller Hancock Md. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B): Carcinoma of the stomach — unknown

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: None

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| none | | YES ☐ NO ☐ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED W[redacted] at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from Nov. 15, 1955, to Dec. 20, 1955, that I last saw the deceased alive on Dec. 15, 1955 and that death occurred at 12:40P M, from the causes and on the date stated above.

SIGNATURE: Charles Robert Cohen M.D. — ADDRESS (Street, city, town, state): Clear Spring, Maryland — DATE SIGNED: 12/22/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12.23.55 | Orchard Ridge Cemetery | Hancock Washington Maryland. |

24. REC'D BY REGISTRAR — DATE 12/23/55 — REGISTRAR'S SIGNATURE: S A Weller

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Howard J Stone Hancock md

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Brewer

12461

# CERTIFICATE OF DEATH

12468

Reg. Dist. No. 703

**1. PLACE OF DEATH**

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

LENGTH OF STAY (in this place) 5 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

STREET ADDRESS (If rural give location) 905 Marion St.

**3. NAME OF DECEASED** (Type or Print) (First) GEORGE (Middle) HENRY (Last) TILES

**4. DATE OF DEATH** (Month) Dec (Day) 2 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | Divorced | July 15 1874 | 81 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Laborer | Iron Works | near Hagerstown Md. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Jacob Tiles | No Record |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| No | | 207-14-2819 | J. Frank Tiles 905 Marion St., Hagerstown Md. |

**18. MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| 214X IMMEDIATE CAUSE (A) | Cerebral Sclerosis | 1 year |
| ANTECEDENT CAUSE(S) DUE TO (B) | Arterial Sclerosis | 10 yrs. |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒ |
|---|---|---|
| | | |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from Nov. 1, 1955, to Dec. 2, 1955, that I last saw the deceased alive on Dec. 1, 1955, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE David E. Brewer M.D. ADDRESS (Street, city, town, state) Clear Spring Md. DATE SIGNED 12/3/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/5/55 | Rose Hill Cemetery | Hagerstown Washington Co. Md. |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| Dec 7—55 | Leroy M Fockler (Deputy) | Andrew A. Coffman Funeral Director Hagerstown Md. |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12462 **CERTIFICATE OF DEATH** Reg. Dist. No. 12469 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and the nearest town) Hagerstown 03
LENGTH OF STAY (If this place) 46 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. CountyhHospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 124 N. Locust St. 1

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Volina (Last) Young

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 19 55

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: Jan. 29, 1887 | 9. AGE last birthday 68 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | 10B. KIND OF BUSINESS OR INDUSTRY: Dept. Store | 11. BIRTHPLACE (State or foreign country): Tanneytown Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John A. C. Baker | 14. MOTHER'S MAIDEN NAME: Louise E. Wertz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 214-09-7370 A | 17. INFORMANT & ADDRESS: Mrs. Andrew F. Ridenour Rt. 1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Hypertensive arterio sclerotic — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs

ANTECEDENT CAUSE (S) DUE TO myocardial heart disease with failure gradee iv

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arterio sclerotic coronary heart disease — 5 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION: - | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan '40 19 , to 12-7..., 195 5, that I last saw the deceased alive on 12-7 , 195 5, and that death occurred at M. from the causes and on the date stated above.

SIGNATURE & Robert Mello M.D. ADDRESS M.D. 115 N. Potomac St Hagerstown, Md. DATE SIGNED Dec. 9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-10-55 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR DEC 9 1955 | REGISTRAR'S SIGNATURE Chas. H. Bowers | 24. FUNERAL DIRECTOR Scott F. Minnich & Son | ADDRESS Hag. Md.

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 Hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Robt Campbell 12470

12463

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

Item 16, FilmG190 12-13-55 et

**1. PLACE OF DEATH**

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

LENGTH OF STAY (In this place): 3 Weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Maryland — COUNTY: Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown 03

STREET ADDRESS (If rural give location): 149 Alexander St.

**3. NAME OF DECEASED** (Type or Print): (First) ROWLAND (Middle) STEELMAN (Last) YOURISON

**4. DATE OF DEATH**: (Month) Dec (Day) 5 (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | Married | Jany 21 1923 | 32 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| District Manager | News Service | Philadelphia Pa. | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Ralph S. Yourison | Hazel n Steelman |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| Yes | W.W.# 2 | 227-18-5066 | Mrs Irene Yourison |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

190X IMMEDIATE CAUSE (A) Malignant melanoma — 4 mos

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 8/16/55 | Biopsy gland neck - malig. melanoma | YES ☐ NO ☑ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from 8.11.5, 19 55, to 12/5, 19 55, that I last saw the deceased alive on 12/5, 19 55, and that death occurred at 10.30 A.M., from the causes and on the date stated above.

**SIGNATURE** Robert V L Campbell M.D. — **ADDRESS** (Street, city, town, state) 145 W Wash. St Hagerstown Md — **DATE SIGNED** 12/5/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, & county) (State) |
|---|---|---|---|
| Burial | 12/8/55 | Forest Lawn Cemetery | Richmond ? Virginia |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| DATE Dec 7 1955 | Chas H Bowers | Andrew K. Coffman-Hagerstown, Md. |